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ABSTRACT

Noting the increasing need for public officials, practitioners, business leaders, concerned citizens, and parents to work together to improve the quality of life for young children and families, this book for community organizations provides information needed to begin or enhance local or statewide community mobilization efforts. Included are descriptions of initiatives based on information gathered through interviews with staff conducted over a 3-year period. The book begins with a definition of community mobilization, its principles, and the origins and stages of community mobilization efforts. The remaining sections detail the three stages of community mobilization, using a question-answer format, and including information from specific initiatives to illustrate particular points. Section 1, "Creating a Vision: Promising Practices," contains chapters on getting started, assessing needs, mobilizing the voice of parents, and involving businesses. Section 2, "Implementing the Vision: Creating Quality Services for Young Children and Their Families," includes chapters on reforming communities to serve families of young children through coordinating services, systemic planning and reform, and institutionalizing integrated services. Also included in this section are chapters on improving and assuring the quality of services through promoting professional development of the early education and care practitioner, involving parents, improving state regulations, promoting accreditation of early childhood practitioners, and improving the compensation of the child care workforce. Section 3, "Sustaining the Vision: Assuring Lasting Change," addresses maintaining momentum, developing financing mechanisms, engaging the public, and assessing results. Each chapter contains references. Two appendices detail state initiatives and describe national organizations. (Author/KB)

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Everyone working for a brighter future for our young children needs to read and use this essential publication.

—Bob Miller

Governor of Nevada and Chairman, National Governors' Association

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Community Mobilization:
Strategies to Support Young Children and Their Families

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Community Mobilization: Strategies to Support Young Children and Their Families

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Families and **Work** Institute

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Like any collaboration, this book reflects the contributions of many. It had its genesis in a session conducted at the annual conference of the National Association for the Education of Young Children (NAEYC). The session concerned EQUIP (Early Education Quality Improvement Project). EQUIP, which is funded by the AT&T Foundation, is a project in which two communities (Boston and Kansas City) and two states (Oregon and West Virginia) serve as partners with Families and Work Institute to address the adequacy and quality of their early childhood systems with a quality audit and then use the information from the quality audit to develop and implement quality improvements. A rich interchange in the session promoted Ellen Galinsky from Families and Work Institute to say to Luba Lynch and Marilyn Segal of the A.L. Mailman Family Foundation, "We should write a book." Three years later, we have written that book! Many thanks go to:

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And finally, we want to thank Rob Reiner for his Afterword and for his leadership in the creation of a nationwide campaign to increase public awareness of the importance of the first three years of life to children's healthy development and school readiness.

Preface

NAEYC was founded in 1926 "to act on behalf of the needs, rights and well-being of all young children with primary focus on the provision of educational and developmental services and resources" (NAEYC bylaws). Thus, it was very much in keeping with our mission that NAEYC joined with the Families and Work Institute (along with 11 other organizations) to sponsor two national forums on state and community planning in early care and education in 1993 and 1994. This volume is rooted in those meetings, but it also reflects the continuing interest, growth, and development in these issues since that time.

Community Mobilization: Strategies to Support Young Children and Their Families is a veritable encyclopedia of practical, "how-to" information. It provides specific examples and concrete suggestions from individuals directly involved in state and community mobilization efforts and reflects a variety of perspectives—public officials, practitioners, business leaders, concerned citizens, and parents. They share a common goal of striving to improve the quality of life for children and families in their communities, but the approaches and strategies are as diverse as the communities themselves. The book celebrates this diversity and urges readers to develop their own individualized approaches that will work for their communities, at the same time drawing upon key lessons that transcend specific examples.

In his 1996 State of the Union address, President William Jefferson Clinton attested that "the era of big government" is over. Later in the year, he signed into law "The Personal Responsibility and Work Opportunity Act of 1996," ending the federal government's 60-year commitment to guarantee income assistance to our nation's families with dependent children and turning much of the responsibility for child and family services for families in poverty to the states. This law also established limits on the amount of federal dollars that can be drawn upon by states to provide social services to needy children and families.

As we enter this new era of redefined governmental roles, the private sector will no doubt also be called upon to redefine its role. Employers, religious institutions, private philanthropy, community organizations, and, perhaps most importantly, individuals and families, will be asked to rise to new challenges as we strive to provide good beginnings for all children. Community mobilization efforts will be essential in this new era. Why? Because of the hallmark that successful mobilization efforts share: recognizing that all children and families, regardless of income level, benefit from supportive communities while at the same time devoting particular attention to ensuring that needy children are not left behind.

This book provides shining beacons of hope and success—examples of states, communities, parent groups, businesses, traditional helping organizations, and individuals—who are working together to make a difference for children. There is no magic bullet, no single solution identified within to "cure" the complex issues and problems faced by children and families today. But this book describes key elements that communities can use to put in place a dynamic process that involves all the key players and gets them to commit to making their states and communities a better place in which families can rear their children.

The basic tenets of community mobilization are similar to those of developmentally appropriate practice. In both cases, it helps to remember that learning (or mobilization) occurs best in the context of active, meaningful relationships. Overarching principles can and must be gleaned from accumulated knowledge and practice; yet each new situation will likely present unique challenges that will require accommodation and assimilation. Ultimately, the most successful mobilization efforts—like the programs that best help children reach their full potentials—provide for active (not passive) participation by all stakeholders. They are rooted in meaningful experiences that focus on the self-identified strengths and needs of the community, and they reflect careful attention to the formation and nurturance of trusting, respectful relationships.

This volume is not a road map or a cookbook anymore than NAEYC's position statement on developmentally appropriate practice (1987; 1996) is a road map or cookbook. Rather this volume should challenge your thinking, provide you with examples and lessons, and inspire you to join with others to make a difference for children. It challenges each of us—and provides the tools—to narrow the gap between the rhetoric that says children are our greatest resource and the actions that make it so. What could be more important?

Barbara Willer
Public Affairs Director
National Association for the Education of Young Children
October, 1996

Introduction

Using This Book

Community mobilization is a movement that is gaining momentum. In today's political climate, states and communities are facing difficult new challenges and potential new gains as they assess the needs of their citizens and bring people together to address these needs. Indeed, as this book is about to go to press, a new welfare reform bill was passed making it more important than ever that leaders at the state and community level learn to work together to create and implement their visions to improve the lives of children and their families.

While writing *Community Mobilization: Strategies to Support Young Children and Their Families*, we asked leaders in early care and education, educational leadership, family support, health, government and business to write brief statements sharing their insights and visions of the importance and future of community mobilization.

Here is what they had to say:

> Mobilizing community is essential to creating the supports that will strengthen young children and their families. And mobilizing families themselves is the key ingredient to reaching the average citizen, as well as engaging civic, religious, business, elected officials, other community leaders and the array of organizations dedicated to helping young children. Together this community can bring together assets of parents and the resources in neighborhoods and communities to support young children. At the same time it must advocate for state and national policies that reflect the realities that families face in rearing their children in America today.
>
> —Martin J. Blank, Managing Partner,
> Together We Can Initiative,
> Senior Associate, Institute for Educational Leadership

Vermont's communities are small and well-defined. They are the core of what makes living here so special. Successful interaction between state and local governments in Vermont has always been based on our listening to community members to learn what works best for them. One program that shows the tremendous value of community planning in achieving positive outcomes for children and their families is Vermont's Success by Six. Established in 1993, Success by Six was designed to ensure that every child, regardless of his or her family situation, had a good start on the building blocks of school success. Through the involvement of a wide range of citizens—parents, child care workers, nurses, retired people, teachers, business leaders, home visitors and others—community climates change. New and better services emerge, often sponsored by unexpected groups, such as a Board of Realtors distributing child care tuition scholarships.

Existing services are better coordinated, as programs share training, health screenings, use of facilities and transportation. Success by Six funding helps towns and villages keep the dialogue going so that, collectively, citizens can address specific problems to the benefit of the community as a whole. More importantly, parents of young children are seen as contributing to the community, not just asking for help.

We have learned, from the experience of our communities, that there are a few essential elements to making things work: a clear focus on outcomes, inclusiveness in asking people to help, timely sharing of decisions and plans, good humor, creative use of resources and a timely celebration of each successful accomplishment. The future of our State is in the ability of communities to protect and nurture all children.

—Howard Dean, M.D.
Governor of Vermont

Our nation's young children and families are in trouble. Several million children are affected by one or more risk factors that undermine their healthy development and long-term productivity. A litany of disturbing statistics—rising child poverty rates, staggering increases in the incidence of child abuse and neglect, inadequate health care, poor-quality child care and increasingly stressful economic uncertainties—have produced a clarion call that our nation's pivotal institutions must urgently address.

Across our country, grassroots leaders, policymakers and business groups are mobilizing to build broad-based action strategies to reverse these troubling trends. Leadership for change is bubbling up from the local level, as it must because one-size-fits-all solutions will not work in diverse communities. These leaders are developing new goals and strategies to resolve problems that parents and community insitutions face in nurturing young children. To build a national strategy, parent and neighborhood groups, religious institutions, business, governmental, voluntary agencies, health care and child care providers, school leaders and the media must collaborate to develop a powerful change vision. Nothing less than the well being of our society and its vital institutions is at stake.

—Michael H. Levine, Program Officer
Carnegie Corporation of New York

The ability of our communities to deliver high quality programs to young children and their families is a critical concern for business. Ready access to good, affordable dependent care programs enables our employees to do their best at work by helping them manage the demands of their work and personal responsibilities.

Since 1990 the AT&T Family Care Development Fund has invested over $25 million in community dependent care programs. Working with community agencies we have found eager and caring partners with the energy, experience and knowledge to help us translate the challenges of working parents into creative programs. By building on existing community resources and partnering with others in the community to create new resources, we have stretched our investment to meet a multitude of our employees' needs for care of children of all ages, for care delivered in a variety of venues, for quality improvement as well as supply-building. I believe that community investment is the only strategy that could have yielded such a rich array of solutions to the child care problems facing our employees. All of our community partnerships have resulted in important benefits for our employees—more options for better quality child care.

—Deborah Stahl, Executive Director
Lucent Technologies Foundation
(formerly Director of the AT&T
Family Care Development Fund)

To live, work and nurture their children, families typically have to navigate several delivery systems. Child care, education and health are among the most often needed and accessed services. The capacity of communities to effectivly link and coordinate these and other services is a measure of their viability as places that sustain families in their most crucial roles. The linkage and coordination can occur at both program and policy levels. In communities with well developed child care resource and referral (CCR&R) programs, the CCR&R not only supports families and those who care for the children, but also builds connections to create appropriate policies on family and children's issues and to generate additional income.

—Yasmina S. Vinci, Executive Director
National Association of Child Care Resource and Referral Agencies

Community mobilization brings together all the key players—parents, professionals concerned about the well-being of children, and business leaders—to plan how their community can make sure all children and families have the opportunity to thrive. As deeply as Americans care about their own children, they sometimes seem apathetic to the needs of every child in the community. Community mobilization strengthens the sense of community and gets everyone involved and committed to the notion that we all benefit when the community supports children and families.

—Barbara Willer, Public Affairs Director
National Association for the Education
of Young Children

We have learned that the healthy development of children depends on the strength of their families, and the resources available in the communities in which they live. Children don't grow up in isolation, nor can families do their jobs alone. We have also learned that communities cannot thrive in isolation. They require government policies and support that facilitate and make it possible for the community to achieve its goals.

Our strength lies in recognizing this interdependence and forging the links necessary to assure better outcomes for children. We have learned how to do that. We know programs that work, the ways systems must be reoriented to serve families, and the policies necessary to support such changes. We certainly don't have all the answers, but if we build on our present knowledge base we could change the environment for children. We could become a nation in which the measure of success for a community is its answer to the question: How are the children?

—Bernice Weissbourd, Founder
Family Resource Coalition

This book is designed to give you the information you need to begin or enhance community mobilization efforts in your state or community. A snapshot in time, it is filled with descriptions of initiatives in states and communities across the country along with insights and advice from the people who are out there making a difference in the lives of children and families. The information has been gathered from interviews over the past three years conducted by Families and Work Institute. The names of many of those we interviewed are listed throughout this book along with other sources of additional information. Each of these "contact people" know that readers may call for an update or additional information.

You may be a parent, a business person, an infant/toddler or early childhood educator working in a center or in your home, someone who works in a family support program, a physician, a mental health expert or a policymaker. Whether you work in the public or private sector, at the state or local level, provide or need services, or are retired, you are a member of a community and have something to contribute to make yours an even better place to live.

The structure of this book follows the steps of creating and sustaining community improvements. The first section is titled, "Creating a Vision: Promising Practices." In this section you will find chapters on getting started, assessing needs, mobilizing the voice of parents and involving business.

The second section, titled "Implementing the Vision: Creating Quality Services for Young Children and Their Families," includes chapters on re-forming communities to serve families of young children and improving and assuring the quality of services.

The third section, "Sustaining the Vision: Assuring Lasting Change" includes chapters on maintaining momentum, developing financing mechanisms, engaging the public and assessing results.

These three sections are followed by a description of state initiatives from the 1995 report *Governors' Campaign for Children: An Action Agenda for States*, written by Linda McCart and Elizabeth A. Steif and published by the National Governors' Association (NGA). Many of these initiatives are also referred to throughout this book. We thank the NGA for letting us include them.

A list of national organizations that might be helpful in your efforts follows.

Finally, this book closes with an Afterword from Rob Reiner, producer and director at Castle Rock Entertainment. He, with numerous partners including the Families and Work Institute, is spearheading an effort to raise public awareness about the importance of the first three years of life and what families and communities can do to promote young children's healthy development and school readiness.

Overview

Community Mobilization Defined

With the imminent approach of the twenty-first century, dissatisfaction with traditional methods of addressing the needs of young children and their families is growing in the United States. Despite years of well-intentioned efforts, there remains a discouraging sense that the status quo is either being maintained or that situations are worsening. This frustration was expressed by Governor George Voinovich of Ohio during his first State of the State Address:

> Most Ohioans have had enough welfare—enough poverty—enough drugs—enough crime. Most would love to see that debilitating cycle broken and the people trapped within it, freed once and for all. So would I.

Along with this frustration, there is a sense that communitites and neighborhoods are breaking down. Given the fast pace of life and the pervasive sense of social problems, people have turned inward. A survey conducted by the Families and Work Institute shows that most people feel helpless about solving social problems. Put more metaphorically by Robert Putnam of Harvard University, people today are "bowling alone."

In report after report, and in meeting after meeting, dissatisfactions with the shortcomings of traditional approaches of solving social problems are also emerging:

- Systems and services designed to help solve family problems are fragmented and bureaucratic—accessing help is like traversing a maze with restrictive rules, discontinuities, and large gaps.
- Help is primarily available in moments of crisis but little attention is given to preventive measures.
- Family weaknesses, not strengths, are targeted.
- Responses to family issues are designed abstractly without consideration of the strengths and needs of real families. Within a community, the responses seem to be made from "cookie cutter" molds.
- Services seem to be maintained for the convenience of the agencies providing them rather than the families receiving the services.

The current public distrust of government and of social programs reflects the dissatisfaction that people have with traditional approaches. The seeds of this frustration are giving rise to a new movement. It is often focused on children. Governor Voinovich of Ohio states:

> The only way to [stop the cycle of social problems] is to pick one generation of children—draw a line in the sand—and say to all: This is where it stops.

This movement is focused on rebuilding community. Governor Gaston Caperton of West Virginia states:

Excerpt from Governor of Colorado Roy Romer's State of the State Address
January 11, 1996

Let me tell you a story. I called an old friend, John Murphy of Durango. We've been friends for 40 years, and John was dying. I wanted to relate to him in a meaningful way, because I knew it might be the last time we ever talked. I wanted him to know that I was thinking of him, wanted to know how he was feeling.

He said to me, "Hey, Roy, I feel good. I feel good about the life I've lived because I feel good about the way I raised my children. Not much else matters when you look back from my perspective."

Now, there are all kinds of ways to judge a society.

But I like John's way. If we raise our children right, everything else will probably fit.

To reach higher, we should commit ourselves—as a people in this community called Colorado—to make Colorado the best place to raise a child.

It's a simple vision. But it's really the focus of my final term as Governor.

HOW can we make this the best place to raise a child?

Let's start by asking what worries the typical Colorado family.

Parents—trying to raise their children, working one or two or more jobs—ask this:

- is my job going to be there next year?
- can I afford decent housing and health insurance for my family? can I keep my family safe?
- will the values I try to instill in my children be overwhelmed by their peers, or what they see on TV?
- can I find child care I can afford, and that I can trust?
- will my kids learn what they need to learn at school?
- can I take care of my parents when they're old—and what about when I'm old?

How we—not just government, but as a people—address these anxieties, these needs, will define the kind of Colorado we will become.

—Governor Roy Romer

> I decided our best hope was to turn to our communities. They know their own strengths, weaknesses and problems best; they have to be involved in creating and implementing solutions.

John W. Gardner of the National Civic League concurs:

> Everywhere I go, I hear people talking about rebuilding community. A sound family is a tremendous advantage to a child, but it's not enough. The parent has to know that when a child walks out the door, there are others who will care and will create a safe environment.

The movement that has emerged across the United States is based in the social fervor of the 1960's and the task forces of the 1970's and 80's. It is responding to the frustrations surrounding the handling of social issues, the devolution of decision making about social programs from the federal government to states and communities and funding cutbacks. Some call this movement *community mobilization*; others call it *community development* or *community planning*. Still others speak of *increasing collaboration* or *building integrated, comprehensive systems of services*. Others call it *citizen engagement*. Regardless of its label, this movement is gathering momentum among conservatives and progressives, among those working in education, economic development and housing, teen pregnancy and substance abuse.

In September 1993, the Families and Work Institute and the National Association for the Education of Young Children along with the Child Care Action Campaign, Child Care Law Center, Children's Defense Fund, Family Resource Coalition, National Association of Child Care Resource and Referral Agencies, National Black Child Development Institute, National Head Start Association, Parent Action, Quality 2000, United Way of America, and Zero to Three/National Center for Clinical Infant Programs convened the first of two National Forums on State and Community Planning in Early Childhood Education and Care. For the nearly 300 participants at the Forum, discovering that other groups in other states and communities were engaged in similar undertakings was a profound experience. Excitement mounted as participants shared common dreams, common obstacles and new solutions with each other. They realized through this colloqium that they were not working alone in isolated endeavors, but were an active part of what could be called a movement.

This movement gained momentum with the publication of *Starting Points: Meeting the Needs of Our Youngest Children,* the 1994 seminal report of the Carnegie Corporation of New York. This report begins:

> Across the United States, we are beginning to hear the rumblings of a quiet crisis. Our nation's children under the age of three and their families are in trouble, and their plight worsens every day.
>
> To be sure, the children themselves are not quiet; they are crying out for help. And their parents' anxieties about inadequate child care and the high cost of their child's health care can be heard in the kitchens, playgrounds, pediatricians' waiting rooms, and workplace cafeterias across the nation. But these sounds rarely become sound-bites. [1]

Starting Points describes the substantial body of literature on children's emotional, social, physical, intellectual, and brain development that reveals—without dispute—how the early years of life are among the most formative in our children's lives. Among its recommended solutions, *Starting Points* calls for mobilizing communities to support young children and their families and for developing benchmarks to assess results.

In 1994, the Chair of the National Governors' Association (NGA), Governor Howard Dean of Vermont, launched the Governors' Campaign for Children initiative to identify strategies for improving the well-being of young children and their families and for achieving Goal One of the National Education Goals which were formulated by President Bush and the NGA in 1990: *By the year 2000, all children in America will start school ready to learn.* Governor Dean stated that:

> One of the goals of the campaign is to help states reform service delivery systems so that they are community-based and focused on the needs of children and their families.

OVERVIEW

Questions to Consider

1. *What is a community? What is community mobilization?*

For the purposes of this book, the authors have defined *community* as "a group of people brought together by geography, culture, or common interests." We have, with careful deliberation, chosen the term *community mobilization* to describe the subject of this book. We have moved away from the notion of community and state planning (the name of our Forums) because, whether or not an initiative is statewide, the real action takes place in communities. We speak of mobilization rather than planning because planning seems passive and implies that action is secondary, whereas we know that both planning and action must be continually interconnected. Community development was rejected because it seemed to imply that action was imposed from above, rather than occurring from within. We also rejected the term integrated, comprehensive services because the movement we describe goes beyond services provided to a limited group of people; it describes a new way of living within communities.

To us, community mobilization involves organizing and convening a constituency of diverse stakeholders including parents to design an agenda or implement a previously set agenda for change within a community. In some cases, mobilization may include public awareness campaigns to address societal attitudes and open the way for change. In all cases, community mobilization involves the joining of public awareness with public engagement as stakeholders engage in an ongoing process of problem-solving to develop visions, goals and strategies to achieve those goals. Their focus is on *systems*, not just programs. They take a holistic, big picture view of what is needed, assess needs, implement action, assess results, re-evaluate their strategies, implement action—and the cycle continues.

As communities and states undergo this process, it is important to remember that there is no single "correct" way to implement change. The authors of *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services* explain:

> Instead of following a cookbook, step-by-step approach, partners must find the most effective way to knit their local needs, resources, and preferences into a purposeful plan. The challenge is to develop a process of working together that is flexible enough to allow adjustments to new circumstances, while staying focused on long-term goals.[2]

2.

What are the principles of community mobilization?

In January 1994, representatives of more than 50 national organizations concerned with the well being of children, youth, and families convened to develop a set of principles for delivering systems or networks of essential services at the local, state, and federal level.[3] These overall principles can help communities and states find their own path through the community mobilization process:

- Services should be community-based and community delivered; families and youth should be essential partners with professionals in planning and implementing services.

- Services should be family-centered; driven by the needs of children, youth, and families, and built on strengths.

- Needed services should be available and accessible to all in a variety of settings, using a combination of public, community and personal resources.

- Services should be culturally competent; programs and staff should be responsive to the needs of individuals with disabilities and of culturally, ethnically, linguistically, and economically diverse populations.

- Services should focus on primary prevention, early intervention, and strengthening the ability of children, youth, and families to help themselves.

- Services should be comprehensive, and a continuum of services should be available.

- Services should be flexible; with increased flexibility, however, comes increased accountability for results based on the goals of the different agencies/organizations and individuals involved.

- Public, private and community services should be coordinated, integrated, and collaboratively delivered.

- Services should be of high quality and developmentally appropriate—delivered by well-trained, well-qualified staff.

- Services should be cost-effective.

An example of what community mobilization can achieve

Hampton, Virginia

Imagine a community in which all sectors understand the importance of nurturing and supporting families with young children. This community might look a lot like Hampton, Virginia, a mid-Atlantic, coastal community of 148,000.

Home to Army and Air Force military installations in a region with a large U.S. Navy and Coast Guard presence, Hampton faced economic downturn in the early 1990s when military cutbacks and a general recession hit hard. Business and community leaders as well as the Mayor and City Council decided that the community's ultimate future well-being depended on strong families and well-educated citizens. Hampton's leaders—who describe themselves as fiscal conservatives—recognized the link between sound early childhood development and future economic well-being. They created a vision of Hampton as a family-oriented community. To support their goal for Hampton to be the "most livable city in Virginia," the city council provided new and continued funding for family and youth oriented programs while other areas faced cutbacks.

A group of community partners, including the city's elected leadership, major businesses, the Health, Education and Social Services Departments, the Housing Authority, the library and local hospital formed a steering committee that developed and launched the Hampton Family Resource Project. The mission of this initiative is to ensure "that all Hampton children are born healthy and enter school healthy and ready to learn." This initiative is designed to serve all families with young children and to change the way all Hampton citizens view their responsibility towards young children. To avoid any stigma associated with being attached to the Family Resource Project, public agencies (Health and Social Services) avoided being publicly associated with the project, even though they provide significant funding and staff support. Project leaders intend participation in parenting education and community activities to become the norm for all Hampton families.

As part of the Project:

- all citizens receive information about early childhood development in bi-monthly inserts in their water bills, addressing such topics as school readiness, stress management, and holiday safety;

- the local hospital publicizes and provides free prenatal parenting classes, including dinner for the participating couples;

- a Healthy Start program provides home visiting and parenting support to families at risk of child abuse;

- area libraries run "young family centers" to encourage early family literacy;

- the Housing Authority provides free space for community parenting groups;

- local banks provide on-site parenting groups to employees on company time;

- 14 local restaurants provide free meals to parents and children before they attend early evening parent/child activity classes;

- local public middle and high schools include teen parenting information as part of the Family Life Education Program;

- local mental health agencies and volunteer social workers assist families in need of additional counseling support;

- family child care providers are required to attend a parent education program before being certified; current providers must complete the program within three years;

- prospective child care providers are offered extensive training and internships; and

- staff in child care centers receive in-service training.

Project leaders are now developing plans to create neighborhood-based parenting and family involvement activities to facilitate community-building at the neighborhood level. Although other services are offered in Hampton, the Family Resource Project offers comprehensive services from the prenatal period through age five for all Hampton residents.

Hampton, Virginia is also measuring its progress and results by contracting with the College of William and Mary to evaluate the effects of their initiatives for families and children.

Hampton, Virginia is not alone. Across the United States, scores of individuals and groups are beginning to work on developing family-friendly communities

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3.

What are the origins of community mobilization efforts?

Community mobilization initiatives designed to benefit young children and their families have many origins. Sometimes a governor initiates the process. Examples are Governor Gaston Caperton with West Virginia's Families First Project, Governor George Voinovich with Ohio's Family and Children First Initiative, Governor Jim Hunt with North Carolina's Smart Start , and Governor Roy Romer and First Lady Bea Romer with Colorado's First Impressions. Other initiatives, such as the Connecticut Commission on Children, begin as legislative efforts. Still others, such as Success by Six developed by United Way, are formed by private community service and business organizations. Community and early childhood leaders have founded other mobilization efforts such as the Mississippi Forum on Children.

4.

What are the stages of community mobilization efforts?

Despite their different origins, there is remarkable consistency in the stages of community mobilization efforts and what occurs in each of each of these stages. In this book, we provide descriptions of the tasks tackled by states and communities, the lessons learned and how-to tools for each stage of the process. This book is organized to reflect the stages communities go through as they mobilize to improve the lives of their children and families.

We hope that by documenting these exciting trends and sharing the ideas and experiences of states and communities engaged in community mobilization efforts, *Community Mobilization: Strategies to Support Young Children and Their Families*, will encourage and assist others to embark on similar efforts.

STAGE 1

Creating a Vision

Getting Started

Community mobilization involves bringing together an inclusive rather than exclusive group of stakeholders and decision makers who reach beyond collaboration to create new systems that promote high quality early childhood service delivery. Early in the process, stakeholders typically create the vision towards which their initiative will work. The Tompkins County, New York, Early Education Quality Improvement Project accomplished this task by asking, "What would our county look like and act like if all sectors affecting the development and education of young children were of the highest quality?"

Once the vision is created, achievable goals are outlined, and strategies for achieving those goals are developed. For example:

- the state of Vermont, under the leadership of Governor Howard Dean, set a goal of "guaranteeing quality child care choices." To accomplish this goal, it has set a number of objectives and strategies that include increasing the number of nationally accredited early childhood programs;
- in Delaware, Governor Tom Carper established a Family Services Cabinet Council that set the goal of developing a statewide system of family strengthening services that focus on prevention. Among the strategies being implemented to reach this goal is the creation of a "Growing Together" portfolio that provides parenting tips and outlines healthy development for children up to age five. This portfolio will be given to every parent in Delaware before she or he leaves the hospital with a newborn; and
- Nevada's Baby Your Baby campaign is a statewide, public/private partnership to encourage pregnant women to seek early and continuous prenatal care. To help achieve this goal, public education and outreach on the importance of early and continuous prenatal care is delivered through television spots and documentaries, billboards, and printed messages on grocery bags. A statewide, toll-free referral line operated by the Bureau of Family Health Services in the Nevada State Health Division has also been created to improve access to care.

Assessing Needs

Community mobilization efforts begin the process of change by assessing community needs and resources. Assessing needs can help identify and document gaps in services, identify potential resources and strategies to fill those gaps, build consensus and buy-in to the process of change, identify community capacity, and identify benchmarks that help communities measure their progress in reaching their goals.

States and communities typically collect data in one or more of these categories: (1) what children know and can do, (2) conditions under which children and families live, (3) the accessibility, cost, and quality of existing services for families, and (4) how services are linked and function as a system. These data are collected through a variety of means:

- In San Diego's New Beginnings, families were interviewed and focus groups were conducted with social service agency line workers and supervisors to identify needs and strategies for improving the existing system of services.

- In Indiana, Step Ahead Councils were created in each of the state's 92 counties to identify and address local needs. In conducting a needs assessment, each Council was asked to identify the services currently being provided; gaps in service delivery; and demographics that might affect how systems of services for children and families should be organized.

- Oregon relies heavily on its biennial population surveys which identify current patterns of child care use, expenditures, and costs as a proportion of household income. By combining information from the state resource-and-referral network with information from survey questions on Oregon's biennial household survey, the state is able to paint a comprehensive picture of demand, supply, and costs that provides a strong basis for local planning for child care and child development initiatives.

- New York City and the states of Delaware, Massachusetts, Oklahoma and Texas are among those that have conducted surveys of early childhood practitioners in efforts to promote professional development and improve the quality of early care and education.

Needs assessments inform stakeholders as they make decisions about the problems to be addressed and strategies to address them. Simple or complex, they are the foundation of community mobilization.

Mobilizing the Voice of Parents

Involving parents in a substantive way is equally crucial to community mobilization efforts. It is best if parents are involved from the onset in both policy and decision making. As users of services, parents and other family members can help ground an initiative in reality by sharing their experiences and insights. Parents' commitment to their children offers an initiative the energy and motivation it may not otherwise have. Too often, communities work toward change without input from families. Parents are often invited to join only as an afterthought—as tokens—without giving them opportunities for meaningful contributions.

Communities and states that have reached out to parents effectively typically assume one of four different approaches:

1. Finding and training individual parent leaders. Hartford, Connecticut's Parent Leadership Training Institute (PLTI) offers parents training that includes a course on leadership, a course on the development of political skills, and a practicum in which parents practice the skills they have learned in their communities.

2. Training parent leaders within existing organizations. The Right Question Project (RQP) based in Boston, Massachusetts exemplifies this approach as it trains parents to become leaders by learning to ask the right questions.

3. Developing parent advocacy organizations. Parents United for Child Care (PUCC) also based in Boston empowers parents to speak out in their communities.

4. Using community organizing techniques. The Alliance Schools Initiative in Texas and The Parent Voices Project in California are initiatives that exemplify this approach.

Involving Business

Increasingly, employers are becoming involved in early childhood community mobilization efforts. Employers often possess the clout to bring about change and the know-how to facilitate the process of change. Typically, businesses become involved in community mobilization in one or more ways:

1. Sharing information among companies in the community or state on making companies more family-friendly. This is a goal of The Conference Board Work and Family Council, San Francisco's One Small Step and The Employer Roundtable on Work and Family Issues in Colorado.

2. Providing funds to communities to increase the supply of quality dependent care. Examples of this are the AT&T Family Care Development Fund, Corporate Champions in Fort Worth, Texas, the American Business Collaboration for Quality Dependent Care and New York State's Early Childhood Investment Fund.

3. Participating in community mobilization efforts on the local and state levels as in Success by Six and Smart Start.

4. Using business expertise to develop systemic change with special focus on strategies to finance the early childhood system. The Child Care Economic Summit in California, Colorado's Business Commission on Child Care Financing and Hawaii's Early Childhood Education and Care Finance Think Tank are initiatives that exemplify this approach.

STAGE 2

Implementing the Vision

Re-forming Communities to Serve Families of Young Children: A Continuum of Change

Increasing numbers of states and communities are re-thinking their visions and re-forming communities' methods of providing services. Looking through the eyes of families, states and communities have realized that early care and education, public schools, family support and health services are too often inefficient and difficult to access. As a result, more states and communities are casting aside the traditionally held view of these services as separate and are instead working to integrate and coordinate the services into networks or coherent systems. States and communities hold very different positions in this challenging and potentially tremendously rewarding process. We identify three typical stages along the continuum of structural change:

- linking and coordinating services at the local or program level. The District of Columbia's Early Childhood Collaborative has turned this vision into a reality with the creation of the Early Childhood Development and Support Center at the Douglass and Stanton Dwellings;

- moving to a systemic focus. In Savannah, Georgia, the Chatham-Savannah Youth Futures Authority (YFA) has encouraged changes in the policies, procedures and funding patterns to help the youth of the community succeed; and

- institutionalizing integrated services through governance structures. Although no state or community has completed this stage, many such as West Virginia are working on creating permanent structures that will effectively institutionalize the visions and goals of their change initiatives.

Improving and Assuring the Quality of Services

There is much work to be done in the areas of health, family support and early care and education if we are to reach the first National Education Goal. This takes an in-depth look at one of these areas: early care and education. Efforts to improve the quality of programs have taken a number of different approaches. These include:

- promoting the professional development of early education and care practitioners. Across the country, states are working to provide information to practitioners, develop a career ladder, create scholarship funds, develop an articulated system, and link professional development to increased compensation;
- involving parents through consumer education efforts with the hope that, as parents become better informed consumers over time, their demands for improved child care will be felt in the marketplace;
- improving state regulations;
- promoting accreditation of practitioners in family child care and center-based settings; and
- improving the compensation of the child care workforce.

STAGE 3

Sustaining the Vision

Maintaining Momentum

The process of creating systemic change takes time—a long time. To be successful, strategies for maintaining momentum need to be integrated into a state or community's efforts from day one. A variety of these strategies are discussed in the chapter titled "Maintaining Momentum." Some examples include: creating ways to continuously acknowledge and celebrate success; keeping everyone's eyes on the prize through ongoing effective communication about the initiative's goals and mission; nurturing and mentoring new and long-time leaders, establishing benchmarks and other tools in order to frequently assess results and maintaining a sense of humor.

Developing Financing Mechanisms

As public and private sector leaders look for new ways to preserve and enhance public funding for early childhood systems or services, they are considering a variety of strategies to reform current state and local revenue strategies. These include:

- expanding the existing state and local tax base;
- aligning tax policies with changing economic and demographic conditions;
- diversifying and balancing tax systems to capture new revenue;
- redeploying existing resources;
- preserving the yield from existing taxes by better targeting tax benefits and tax relief; and

- creating new financing mechanisms.

It is important, however, to remember that there are no guarantees that increased revenue for state and local governments automatically means more money for services supporting young children and their families. Children's lobbyists and those involved in community mobilization initiatives must continue to make a strong case for their share of any and all revenues.

Engaging the Public

Engaging people throughout is part of every community mobilization effort. Yet, every initiative inevitably reaches the point where even broader awareness, understanding and engagement of community members are necessary to implement desired changes. Strategies to help achieve this level of involvement include:

- being aware of the current thinking and attititudes of those you seek to influence;
- having clear but realistic goals;
- identifying your target audiences;
- using research to choose the most effective strategies for reaching your audience(s);
- developing focused and simple messages for each audience—avoiding media clutter;
- being aware that the public tunes out crisis driven messages, but it is important nonetheless to have a sense of urgency;
- piloting messages;
- using different media;
- tying media message to a range of local actions; and
- having concrete indicators for measuring success.

Assessing Results

A result or outcome of a community mobilization initiative is what is expected to happen when its goals are achieved. Assessing outcomes through the use of progress indicators and/or benchmarks has continued to emerge as a promising strategy in community mobilization. Seen as a complement to, rather than a replacement for, rigorous evaluation research, progress indicators and/or benchmarks have many advantages. They can, for example, draw a community together to agree on a vision, goals and strategies, promote collaboration, prioritize results, clarify expectations about intended results, inform resource allocation and encourage strategic thinking and planning about systems. At the same time, some concerns exist about the use of progress indicators/benchmarks. One concern is that initiatives may focus on quick results, when in fact, some results may not be visible for years. Another concern is that initiatives may lose funding as a result of difficult-to-measure results.

The impetus for using progress indicators comes from several sources: advocates or citizen's groups that establish report cards as a way of holding "government's feet to the fire"; government officials who agree on the programs they believe are likely to be effective and hold themselves accountable for the results of these programs; and community mobilization leaders who use the indicators to measure their success. To date, most community and state benchmarking efforts have addressed one or more of the following categories which are often also used in assessing needs:

- what children know and can do;
- conditions under which children and families live;
- the supply, adequacy, quality and accessibility of services for children and families; and

- systems capacity (how services are linked and function as a system).

Barriers and strategies for success

By recognizing the barriers to community mobilization, you can develop effective strategies to overcome these barriers. Common barriers include:

- lack of buy-in from key leaders;
- inertia;
- imbalance between process and achievements;
- alliance with specific programs rather than with the larger community;
- lack of trust
- too few or unskilled leaders;
- parallel efforts that are not linked;
- failure to witness progression towards established visions and goals;
- difficulty in adapting to the culture of various groups;
- lack of communication;
- lack of time;
- lack of money and resources; and
- burnout.

Among the emerging strategies for building successful mobilization efforts are:

- defining clear visions, goals, and strategies;
- achieving the buy-in of visions, goals, and strategies from a broad spectrum of key players who believe that benefits of participation in system reform outweigh potential individual losses;
- mobilizing participation by "unexpected players," such as business;
- involving citizens, consumers and families in meaningful ways;
- assessing need in a rigorous or solid way;
- setting clear expectations for tasks to be completed and basing those tasks on the agreed upon needs;
- being able to access resources, both fiscal and informational;
- ensuring quality and consistent communication between all players;
- establishing agreed to processes for collaboration and for solving problems that arise;
- promoting attentive leaders who support members' concerns and who possess good conflict-resolution skills;
- hiring competent and responsive staff support;
- giving careful attention to diversity and representation;
- assessing or benchmarking results;
- keeping people focused on the goals rather than on peripheral issues; and
- institutionalizing change without becoming a rigid bureaucracy—being mindful of creating a lasting process and accomplishments.

Community Mobilization: Strategies to Support Young Children and Their Families

In *Community Mobilization: Strategies to Support Young Children and Their Families*, you will find in-depth discussion of each of these steps, illustrated by descriptions of community mobilization initiatives in states and communities across the country. The people of these states and communities have shared their stories, mistakes, successes, and lessons learned in the hope that their experiences will help inform your work. We thank these contributors and join with them in inviting you to build on their insights in your efforts to improve the lives of children and families.

Notes

[1] Carnegie Corporation of New York. (1994). *Starting Points: Meeting the Needs of Our Youngest Children.* The report of the Carnegie Task Force on meeting the needs of young children. New York: Carnegie Corporation of New York.

[2] Melaville, A.I., Blank, M.J. & Asayesh, G. (1993). *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services.* Washington, DC: U.S. Department of Education and U.S. Department of Health and Human Services.

[3] *Integrating Education, Health and Human Services for Children, Youth, and Families: Systems That Are Community-Based and School-Linked.* (1994). Final report of The National Consensus Building Conference on School-Linked Integrated Service Systems. Washington, DC.

Community Mobilization

Creating A Vision: Promising Practices

- Getting Started
- Assessing Needs
- Mobilizing the Voice of Parents
- Involving Business

Chapter 1

Getting Started

If you are reading this book, chances are good that you plan to be—or are already—involved in an effort to mobilize change in your community on behalf of young children and their families. Launching such an effort can be daunting. To the uninitiated, community mobilization may seem mysterious or even overwhelming. In fact, it may be hard to know exactly where to start.

Beginning a community mobilization process involves convening diverse community members to work together toward common ends. In the most successful community mobilization efforts, broad stakeholder groups—individuals or groups that have a stake in what happens, such as families, schools, employers, government, providers of early childhood care and education, health and family support services, libraries, religious groups, unions, foundations, media, civic and business groups and others—begin by creating a shared vision of what success will look like in their community.

Once the community agrees on a vision, these stakeholder groups set goals that will make their vision real, create and use strategies to reach the goals, and develop ways to regularly measure progress and results.

All community mobilization initiatives involve collaboration and change. This requires stakeholders to think and behave in new ways. In an era of funding cuts and government and business restructuring, public and private stakeholders are realizing that in many cases, collaboration is the only way to create effective networks—or systems—of programs and services that promote the healthy development of young children. Yet these stakeholders, or prospective partners, rarely know each other well. Further, they tend to react differently as new collaborative efforts challenge how they do business.

For example, business leaders are used to making decisions and taking immediate action whereas government leaders are used to operating within bureaucracies and are rarely able to act quickly. And, despite general consensus among early childhood professionals that the needs of young children and their families should be met holistically, few individuals or organizations actually share funding, facilities or expertise across domains on a regular basis. Diverse educational, economic and ethnic backgrounds among all stakeholders make the process of collaboration and change even more complex.

Successful community mobilization, therefore, requires leadership and a process that can accommodate both the assets and limitations of all involved. Community mobilization leaders must be able to facilitate relationship-building and foster trust and respect among stakeholders. This demands creativity, flexibility, the ability to compromise, and a willingness to acknowledge that collaboration and change are never easy. It also requires that all involved frequently check their assumptions and make sure they're all speaking and understanding the same language.

This chapter discusses a series of questions for community mobilization leaders and convenors to consider as they plan to launch an initiative. Answers to these questions are based on the experiences of individuals who have actually started community mobilization initiatives. These leaders offer advice often learned "the hard way." Considering each of these questions before you launch your initiative will help you to avoid predictable pitfalls and be ready for success.

This chapter also includes descriptions of how three different community mobilization efforts were started in Tupelo, Mississippi; Milwaukee, Wisconsin; and the state of New Hampshire. It concludes with a Getting Started Checklist and the names and addresses of experienced community mobilization leaders to consult for more information or advice.

QUESTIONS TO CONSIDER

As You Get Started

1.

What is the purpose of mobilizing the community?

A much quoted planning adage is: If you don't know where you're going, you might wind up somewhere else. The foundation of any successful community mobilization effort is knowing what you hope to accomplish and why. A clear, commonly held vision and goals are critical to every aspect of mobilizing a community.

This is a key question for many reasons. In some communities, the need for and purpose of community mobilization is clear to all community members. In others, the impetus for community mobilization results from a community needs assessment process or in reaction to a community crisis—such as the death of an abused child or a sudden increase in teen pregnancy. Over the past 10 years, early childhood community mobilization initiatives have been started for many different reasons.

Some initiatives are rooted in the early childhood field and have a single purpose—such as school readiness or increasing the availability of early childhood programs and services in a specific neighborhood. Others, also early childhood-focused, set out to accomplish a more global goal—such as improving the quality of all early childhood programs and services in a state or community.

In still others, making the community a place where children and families can thrive is just one component of a larger effort to improve the economic well-being of the state or community. These initiatives typically focus on linking diverse networks of programs and services—such as health, education and family support and/or streamlining how funding flows to these new and reorganized systems.

Community mobilization initiatives also serve as vehicles for bringing together the resources of many sectors—government, business, philanthropy, media, religious organizations, schools, health agencies, social service providers and families of young children —to address a common set of goals.

The most successful community mobilization initiatives begin with a process to create a shared vision, which serves as the basis for mobilizing support, for identifying needed systemic changes, and for identifying and securing the human and fiscal resources needed to implement proposed plans.

Veteran community mobilization leaders report that if you don't do it right the first time, you will inevitably have to go back and start over or risk failure. In addition, it is easier for initiative leaders to inspire others to join in when they can clearly articulate the initiative's purpose.

A community mobilization initiative that has a clear vision and goals breeds collaboration and is more likely to succeed than one lacking these definitions. (Questions five, six, and seven below address

Building Partnerships

KCMC Child Development Corporation is a leader in efforts to create systemic change to improve the quality of early care and education throughout its community. Looking at the needs of the community as a whole, KCMC is combining its Head Start dollars with the resources of other non-profit agencies and businesses in order to provide comprehensive services that meet the Head Start performance standards to all children. Dwayne Crompton, Executive Director, shares strategies he has used to build and sustain successful partnerships:

- Come out from behind your desk. To succeed in the 21st Century, we need to look beyond individual programs and focus on our communities.
- "Make meaning" of what you envision for your community. Learn to tell stories about children and families in a way that people will understand. This involves translating your message(s) into language that is meaningful to potential partners from other sectors. Share your picture of what is and what could be for children and families. Your initial vision will encourage people to join in an effort to improve the lives of children and families by helping them see what they have to contribute.
- Be inclusive. In addition to including representatives from all sectors, this involves sharing leadership and credit. As more people bring their knowledge and experiences to your effort, your vision will become richer.
- Be visible. Share your program and your community perspective in letters to the editor, opinion pieces, and at community hearings and forums. Make every effort to have your program evaluated. If you are committed to serving children and families, you need to be willing to examine the effectiveness of your work and to make changes if they prove necessary. Research findings about positive impact can serve as a springboard for creating enthusiasm and engaging new partners.
- Demonstrate your integrity. People will want to join forces with you only when they respect you and your work.
- Be committed. Collaborating with others and creating change can be a challenging and slow process as well as an exciting one. Unwavering commitment will see you through the bumpy times to your successes.

how to create a vision, goals and strategies in greater detail). The key is to think strategically from the start.

2.

Who should initiate a community mobilization initiative?

Successful community mobilization initiatives have begun in many different ways. Some have been started by governors or mayors concerned about the economic well-being of constituents in their states and communities. Others have been launched by funders, individual citizens, parent groups, Junior Leagues, United Ways or other state or local organizations concerned about the health, education, nutrition, economic, safety or emotional needs of young children and their families. Some have been initiated by parents, while others have been started by professionals or community leaders. Still others have been initiated by business leaders concerned about the academic success of the future workforce or the dependent care needs of their current employees.

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What all successful community mobilizations have in common, however, is that every one of them was initiated and led by a champion or group of champions. The right leadership of a community mobilization effort can ensure success just as predictably as the wrong leadership or no leadership can ensure failure. Effective champions are able to:

- generate high-level support for the initiative among all stakeholder groups;
- influence public and private decision makers responsible for early childhood policies and resources at the local, state and national levels;
- provide credibility for the initiative;
- listen and lead;
- create a sense of public urgency about the initiative's vision, goals and strategies; and
- attract and mobilize the human and financial resources needed for success.

3.

What are the pros and cons of involving champions who are elected officials?

There can be both positive and negative effects when elected officials initiate or champion a community mobilization initiative. The benefits of such champions are undeniable, as Kathleen Shindler, Director of Colorado's First Impressions initiative, points out:

> A governor or other elected leader can inspire others to support his or her vision and can often secure the support of business, and government and state and community organizations (such as the League of Women Voters, Rotary Clubs, unions or Chambers of Commerce) for the initiative. Well-recognized champions can also bring high visibility and top-level leadership to a systemic development initiative and can get initiatives started with a scope and depth that would be otherwise impossible.

Such leadership can be negative, however, when the initiative is seen as political. This can discourage long-term, broad-based support. Worse, such support can make the initiative a target for political opponents. It also creates vulnerability when administrations change, which can cause an initiative to lose momentum.

Sue Creech, of North Carolina Division of Child Development, says:

> One way to counter this reality of politics is for community leaders to create mechanisms for generating enduring, broad, non-partisan support for systemic change initiatives, after political leaders get them off the ground. Mid-level government managers, families and other community leaders endure even when political administrations change. If many levels of stakeholders really own an initiative, it has a greater likelihood of being sustained over time.

4.

Where should the initiative be housed?

It is also important that an appropriate organization or group of organizations be selected to serve as the home of a community mobilization initiative. For example, successful initiatives have been based in United Ways, community foundations, planning institutes, universities, health agencies, school systems, family resource networks, child care resource and referral agencies and so on. Some state initiatives, such as Indiana's Step Ahead, North Carolina's Smart Start, Ohio's Family and Children First and West Virginia's Family Resource Network programs have created new, local level coalitions to base their local community mobilization initiatives.

Although the best "home" will be different in every community, it is critical to house the initiative with an organization or coalition that:

- is perceived and accepted as "turf-neutral" but supports the success of the initiative;
- can bring different constituencies, staff, funding and/or other resources to the initiative;
- can communicate effectively with diverse communities and stakeholders;
- has the authority and the ability to resolve conflicts; and
- has access to and influence with key decision makers and policymakers.

5.

What is the best way to create a vision?

Creating a vision provides the foundation for an effective initiative. Creating a vision is different from assessing needs and developing a plan. It is a creative, team-building process that establishes a positive, proactive picture—or statement—of what community mobilization participants want their state or community to look like in the future and what they will accomplish if they succeed in their efforts.

Some vision statements are brief and concise. Others outline details and address several aspects of a

Vision Statement

Ohio's Family and Children First initiative uses a short and simple vision statement to guide its work at the state and local levels:

Ohioans believe in their families, children and communities. The best hope for the future is the well-being of Ohio's families. Ohio will be a place where families can build their heritages and cultures, feel secure in the present and reach for the future. Families will accept responsibility for meeting their needs. Ohioans will develop to their full potential, and communities will support and build upon the strengths of their residents.

Vision Statement

In Montana, early childhood career development leaders outlined more details in its Vision for Career Development:

Early childhood education and care will no longer be thought of as two different kinds of programs. It will be understood that all programs for young children will include both care and education. You cannot care for young children without educating and you cannot educate them without caring.

- Employers, policymakers and the general public will have learned that child care for working employees is not different from early childhood education for the next generation of workers.
- The trend toward collaboration is strong now and will increase at both state and local levels.
- People will enter the child care field because they want to work with children. Jobs will pay better than they do now and they will be perceived as leading to other opportunities in the field where higher pay is available.
- Directors will be offered training in administration that includes how to design reward systems and salary schedules to promote career ladders.

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Vision Statement

Leaders in Oregon have developed a brief vision statement, along with a set of principles to guide in the planning for its early childhood career development system:

The Vision

Oregon envisions a statewide, articulated career development system for childhood care and education based on:

- a common core of knowledge;
- proven quality standards;
- recognition of the diversity of providers and families they serve;
- and supported by regulations and compensation, with the goal of improving care and education for all of Oregon's children.

Guiding Principles:

- Planning for career development is based on an understanding that childhood care and education are integrated.
- A common core of shared knowledge is needed by all persons involved in childhood care and education.
- A career development plan must include a system of clear requirements and incentives.
- Quality standards which reflect proven practice must be established within the training system.
- Training must be accessible, appropriate, affordable and diverse in teaching and learning strategies. It acknowledges different skills, interests and abilities and promotes mutual respect for all positions and areas of expertise.
- A coordinated career development system which incorporates new and existing resources must be established. This vision must include the full range of childhood care and education career possibilities, thus supporting diverse and needed contributions to the field.
- A statewide plan must address content areas or competencies critical to effective childhood care and education including, but not limited to, child development, a nurturing environment, business administration, cultural and individual diversity, health and safety, developmental disabilities, guidance, family relationships, developmentally appropriate curriculum and participatory management skills.
- Recruitment of new people into the field and the retention of currently existing staff must receive equal focus. The career development system values previous training and experience, is responsive to the work schedules of practitioners and provides technical assistance and support.
- An effective statewide childhood care and education career development system creates a framework for mutual support and increased respect and recognition for the contributions of the field.

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community's future. Some include all-encompassing principles to guide implementation of the vision.

Regardless of their form, the best visions and vision statements of community mobilization initiatives emerge from a process in which participants pretend to wave a magic wand and then describe a beautiful dream they have for young children and their families over the next 5, 10 or 25 years.

For example, when visionaries at the Michigan Forum on Children and Families went through this process, they invited an artist to participate. The artist was then able to render their vision in an image that is used on all of the Forum's promotional materials.

After creating a vision, initiative leaders must build support for their vision among all stakeholder groups involved in the planning process. Without widespread community support, a vision will have little chance of becoming a reality. Sometimes this consensus-building process can be integrated into the process of creating the vision itself.

In 1993, for example, the Hawaii Community Foundation hired a team of consultants to help create a vision of an optimal early childhood education and care system for the state by the year 2000. The consultants carried out this assignment by interviewing stakeholders, including state and local leaders, parents, health, social services and early childhood program providers, policymakers, civic and religious representatives and others. They also reviewed the vision statements of other states' initiatives and developed a "discussion draft" that was widely disseminated for stakeholders' comments throughout the state and from a wide range of national experts. Like Oregon and Montana, Hawaii's vision includes a set of principles to guide its implementation.

Community mobilization leaders have also used a number of other techniques to create a vision and then build consensus supporting that vision. These include:

- convening a small "visioning" group or committee to develop a draft vision for review and adoption by other stakeholders;
- consulting with stakeholders through interviews, focus groups, surveys and so on, and documenting and assessing the results;
- conducting community forums, town meetings and other public events to solicit suggestions for a vision or to review a draft vision; and
- using newspapers, employer newsletters, radio, TV and other related media to solicit broad public participation in the vision development process.

Remember that stakeholders may speak different languages (literally and figuratively) and may be comfortable with very different styles of participation. Building support for an initiative's vision requires sensitivity to accommodate those differences. Some samples of vision statements can be found in the boxes on these pages.

6.

How will goals and strategies support the vision?

Goals and strategies can only be developed after creating a vision. *The initiative's vision will become a reality through the goals and strategies.* If you think of your vision as the final destination of your initiative, you might consider your strategies as the roads taking you to your destination and the initiative's goals as the towns you travel to along the way. Goals and strategies are necessary, not only to guide your work in an organized way, but also as tools for measuring the distance you've traveled—that is, your progress and results. Establishing goals and strategies are also addressed in the chapter "Assessing Results" in this book.

Goals help to define what you must accomplish in order to achieve your vision. They are usually broad statements that define a desired end. For example: *By the year 2010, all children in Camden County will be immunized and have access to affordable health care.* Goals are your targets; they are usually linked to a timeline. Review your initiative's goals regularly and revise them as necessary, based on your initiative's progress and community changes that occur from year to year.

Strategies are the specific actions you will take to accomplish your goals and reach your vision. Effective strategies are also linked to a timeline and usually define who will do what—and by when—to reach a particular goal. Strategies represent the work plan. Therefore, as with the goals, regularly evaluate and refine their effectiveness.

Oregon developed a 10-year plan to reach its career development initiative's vision. This plan incorporates specific strategies that can change from year to year to accomplish the following goals:

Coordinate existing resources so that a full range of education and training is available statewide.

Establish a career development system that incorporates career progression. Key elements of this system include:

- a process for regular, systematic needs assessment to include a method to translate needs into workshops and classes. The system must be structured to lead to college credit and/or certification, should be barrier free and one in which weight is given to prior training and supervised/documented work experience;

- mechanisms to provide financial assistance to those in need;

- full communication about training for current and potential personnel; and

- a system to make resource materials available to personnel.

There are many ways in which initiative leaders can develop goals and strategies. They can be defined by stakeholders, staff and/or with the assistance of an outside facilitator. There are also now computer programs on the market designed to help create goals, strategies and timelines. In addition, many businesses have staff with planning expertise. Soliciting their help to develop a vision, goals and strategies is also an excellent way to build business support for an initiative.

7.

What are the benefits of using an outside facilitator to help create an initiative's vision, goals and strategies?

The process of how you undertake your community mobilization initiative is as important as the ultimate outcomes. The goals and strategies used will either build support and success or create apathy or antipathy toward your efforts. Determining who convenes and facilitates this process is a key decision.

Many community mobilization initiatives have benefited from using a facilitator who has no perceived vested interest in how decisions are made, yet has a strong commitment to the initiative's success. A person with such a background is particularly helpful for establishing an initiative's credibility and for transcending potentially debilitating turf issues such as competition for funding among service providers and/or across domains (health, education, family support).

A skilled, neutral, outside facilitator can say things to a contentious stakeholder group that no one with a perceived vested interest can say. A neutral outside facilitator can also enable all members of a stakeholder group to contribute to the initiative, and can prevent one individual or group from dominating the conversation.

In addition, stakeholders don't necessarily come to the table speaking the same language. A good facilitator can help the group of stakeholders check assumptions and clarify language and definitions. This helps to avoid misunderstandings that can cause unnecessary friction or delays if not identified and resolved early on. A good outside facilitator can also:

- move things along and help the group stick to an agenda (a "must" when business leaders and other decision makers are involved);
- use humor to deflect tension;
- set ground rules to mitigate against rivalries and turf battles; and
- summarize and acknowledge group accomplishments.

Finally, many states and communities have experienced the "arrive by plane" phenomena, in which someone who comes from another community is heard differently than local leadership. A facilitator or consultant from another state or community can often say the same things local leaders might say, but is heard differently because he or she is not seen through the lenses of local relationships or turf issues.

8.

Who will support the initiative?

Knowing who will support your initiative will help you know who to involve(see also #9 below). Identifying the particular interests and possible contributions of prospective stakeholders can help you plan for how to best involve them. It also helps you to determine what pre-involvement information each stakeholder may need and what resources and interests they are able to bring to the effort.

The following matrix or a similar tool can help community mobilization leaders identify potential sources of support for their initiative's efforts and for planning to recruit stakeholders to the initiative.

9.

What is the best way to handle opposition?

The best way to handle opposition is to prevent it. Sometimes, you will be able to avoid opposition by making sure you don't exclude anyone from the community mobilization process. If you can anticipate where opposition to your initiative might come from and why, you may be able to turn that opposition to support at best—or, at least, to neutralize or prepare to meet the resistance head-on.

Sometimes opposition is a force that mobilizes support. Including "doubting Thomases or Thomasinas" in an initiative can be productive because their skepticism is an important reality check that ultimately strengthens the initiative's vision, goals and strategies.

When one state began to organize a stakeholder group to develop early childhood system financing, initiative leaders knew that the state's non-profit Tax Foundation had consistently and publicly opposed any state program that required new funding, especially if it involved taxes. Initiative leaders invited the executive director of this organization to sit on the initiative's advisory committee as an ally rather than as a foe. This stakeholder's questions and expertise helped the group do some of its most innovative thinking about how to use tax policy to support an early childhood system. In the process, he became one of the initiative's most ardent advocates.

It is, therefore, wise to assess the public attitudes and the political forces that may oppose your initiative, and determine how you can use that resistance positively.

For example, in many states and communities the interests of young children and families are being needlessly pitted against the needs of elders. To avoid such unproductive dissension, Colorado's Governor in 1996, Roy Romer, asked the state's Gray Panthers organization, a well-known group of elder activists, to participate in Colorado's First Impressions initiative. Now the state and local chapters of the Gray Panthers are helping to make Colorado's communi-

Matrix for Identifying Prospective Stakeholders and Other Supporters

Individual or Organization Name	Why They Would Support a Community Mobilization Initiative	Skills and Resources They Bring to the Table	How They Should Be Recruited	Pre-involvement Orientation and Information Needs	Notes
1.					
2.					
3.					
4.					
5.					

ties more supportive of young children and their families.

Colorado's First Impressions initiative prevented opposition from the state's Gray Panthers by using the influence of the governor's office and by making a case for why the success of First Impressions is in the best interests of Colorado's elders. The Gray Panthers agreed to participate, not only because so many of its members care about the well-being of their children and grandchildren, but because they also know that the long-term success of First Impressions will improve the quality of life for all of Colorado's future citizens.

Susan Ignelzi, Director of Ohio's Family and Children First Initiative, advises:

> You have to assess who is with you and who is against you. Give important titles and jobs to those who are with you, spend a lot of time with those who are on the fence and invite those who are against you to come up with better solutions. You will find that the folks on the fence tend to represent the largest numbers and that it's worthwhile to win them over to your vision.

10.

Who should participate in a community mobilization process?

Bringing the right people together is another critical step in the community mobilization process. The best way to get started is to figure out which community members and organizations have a stake in the vision or goals of the initiative.

Veteran community mobilization leaders consistently stress the importance of involving the broadest possible group of stakeholders. They include families of young children; employers; government

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agencies that fund and monitor early childhood, health and family support programs and services; private (for-profit and not-for-profit) providers of services; schools; employers; unions; foundations; United Ways; unions; religious organizations; various ethnic and cultural communities; the media; civic and advocacy organizations; coalitions; elected officials; higher education institutions; the military; and others. It is also important that families be included as equal partners who help to shape the initiative's agenda, rather that as tokens asked to rubber stamp an agenda created by professionals or community leaders in isolation.

When key stakeholders are not included, the community mobilization process can suffer. Susan Jones, Program Officer at the Hawaii Community Foundation, notes:

> We left out some key players when we convened the first stakeholder committee to advise our early childhood system financing project. We had to stop later to add these partners, including The United Way, military child care, organized religion and others, which delayed our progress.

Susan Ignelzi concurs:

> We neglected to bring labor to the table when we began. We then had to backtrack to include them later.

Ignelzi also points out the importance of considering what it really takes to involve families:

> Although families are first on our list as the consumers of services, they are often overlooked. In Ohio, we try to give all family members who attend meetings incentives such as stipends to cover their time, travel and expenses. After all, we professionals don't take leave without pay to attend planning meetings.

Successfully involving families in system development is an art unto itself. See the chapter, "Mobilizing the Voice of Parents" for more information about involving families.

11.

How should prospective stakeholders be invited to participate?

It is important to invite stakeholders to participate in ways that prepare them to arrive with a sense of respect and enthusiasm for the community's initiative. Think about who can help you reach the people you want to invite. For example, ask yourself, "Who has credibility within the stakeholder groups we hope to involve?" Experienced community mobilization leaders report that carefully planned peer recruitment strategies, such as the ones described below, are often the most effective.

To launch one state's early childhood professional development system mobilization, organizers made up a list of high-level stakeholders who would be needed as project advisors and endorsers—such as college and university presidents, military child care officials, business leaders, state agency directors and foundation trustees. They then divided the list according to which organizers possibly already knew, or had contact with, each stakeholder. The chair of the initiative then sent a letter of introduction to each prospective advisor, along with a description of the project and an explanation of what serving as an advisor would entail. That correspondence was followed up by a phone call and visit from one of the organizers. As a result, all prospective advisors agreed to participate, and every one of the new advisors attended the initiative's kickoff breakfast.

The CREATE Initiative in Tupelo, Mississippi, used various public relations strategies to recruit volunteers to serve on five community task forces. Each task force was assigned to address a major issue identified as critical by the community in a public voting process. Ads to join the task forces appeared on network and cable television, in newspapers, at civic group meetings, at supermarkets and any other place that might have community visibility.

In some states and communities, elected officials and business leaders have been asked to recruit high-level stakeholder participation. Kathleen Shindler, Director of Colorado's First Impressions notes:

It's hard to say no when the Governor or a leading business leader calls and asks you personally to help.

12.

What information do prospective participants need when they are recruited?

In the initial contact with stakeholders, be prepared to simply and clearly explain the community mobilization initiative and to answer questions. It is important to identify what information is needed by the stakeholders you are inviting and by those who recruit them, such as the goal of your initiative and what each stakeholder has to offer. You will be more successful if participants are invited in ways that appeal to their needs and interests, which requires that you identify those needs and interests in advance.

Leaders of other community mobilization initiatives, as well as stakeholders themselves, are excellent sources of information about recruitment advice. After all, leaders have been through the community mobilization process, and stakeholders are in a position to offer valuable insight on how to recruit others like themselves—including what initial information is needed.

It may help to develop individualized fact sheets for stakeholders that highlight appealing aspects of the initiative. If possible, inform prospective participants about the scope of their commitment, including the number of meetings they will be asked to attend and the initiative's timeline.

13.

What information do stakeholders need once they've agreed to participate?

Stakeholders often need information about specific issues before they can participate fully in an initiative. For example, they may need to know what constitutes an early childhood care and education system, how the needs of children and families relate to one another, what system changes are needed and which ones are possible—to name a few. Such information should be presented simply and in terms that stakeholders can understand.

It is natural for people to limit their focus to what they know and come into contact with each day. Therefore, it is helpful for initiative leaders to remember that each stakeholder group represents a different, unique culture—with its own language and customs. Just as early childhood care and education, health and family support professionals must attend to the various ethnic cultures of the children and families they serve, so too must community mobilization leaders be responsive to the cultural preferences and information needs of each stakeholder involved in an initiative.

When Colorado's First Impressions leaders convened a group of business and economic experts to help develop financing strategies for early childhood programs and services in the state, they found that many of those experts questioned the value of child care. Many of them wondered if mothers shouldn't simply stay home to care for their children. Initiative leaders then briefed these business people on the research showing that maternal employment doesn't necessarily affect children adversely and that the quality of children's experiences—either at home or in child care —is what matters most. The business people were also given information about the importance of early experiences on the brain's "wiring" and the latest research on early childhood brain development. This information completely turned around their thinking and added a sense of urgency to their work.

Experienced initiative leaders recommend taking the time to develop a common language among participating stakeholders. For example, when Hawaii's early childhood financing initiative began, leaders of the initiative spent a great deal of time trying to build consensus among stakeholders for a common definition of early childhood programs. Susan Jones reports:

> Many community leaders—especially those who had little contact with young children—had a hard time picturing how high-quality child care could at the same time be early childhood education. This lack of understanding was preventing many of the stakeholders from realizing that high-quality child care settings did indeed provide education, and why it was important to improve the quality of care children received. But once these stakeholders actually visited a number of child care sites and settings, they understood the relationship between quality child care and learning, and were able to agree that quality early childhood education happens while children are being cared for and that young children must be well cared for in order to be educated. They then decided to use the term early childhood education and care to describe this concept. Now, three years later, many of our community leaders still talk about what a difference those visits made.

Information can also be used to inform stakeholders in subtle ways. For example, in New Hampshire, requests for proposals (RFPs) to obtain technical assistance to help develop community action plans and implementation strategies were sent to public school superintendents. This was intended not only to involve these educational leaders in the RFP process, but also to educate them about early childhood issues.

Learn how stakeholders digest information and structure initiative activities accordingly. A consultant to another state's financing initiative observed that:

> Like young children, many high-level stakeholders (in both the public and private sectors) have short attention spans and are used to getting information in brief form to use for decision making. We quickly learned that we needed to come to meetings prepared with information

Tips for Scheduling Meetings

Ask anyone who has ever led or convened a community mobilization initiative about scheduling meetings and they'll tell you that it's one of the hardest things they have to do. Some clever community mobilization leaders, though, have come up with ways to deal with this never-ending challenge, including:

- Start by coordinating the schedules of the most essential participants at each meeting. These are the people who must be present to present critical information or to make a particular decision.
- Set regular meeting dates, such as the second Tuesday of every month, so that participants can reserve the time sufficiently in advance.
- Run efficient meetings and create incentives for attending. If participants know that your community mobilization meetings always start and end on time, stick to the agenda and include great snacks, they'll be more likely to attend.
- Require that only stakeholders who attend meetings have voter privileges. In Ohio, the Governor's Cabinet Council does not allow agency directors to send substitutes to meetings to deliver proxy votes. This strict policy results in better attendance by the key decision makers.
- Keep your rosters and mailing lists up to date.
- Use "fax-back" RSVP forms, and try to schedule several meetings in advance, rather than scheduling meetings one at a time.
- Use phone meetings and conference calls when in-person meetings are impossible.
- Remember that scheduling is challenging for everyone.
- Don't forget your sense of humor.

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and decision making briefs that got right to the point. We also needed to create meeting agendas that allowed for action.

14.

What can be expected of initiative participants ?

The best way to determine what can be expected of stakeholders is to ask them. Stakeholders bring different assets, resources and limitations to the community mobilization process. Building on these assets and resources, and working around the limitations, is an art that requires you to know what each participant brings to and hopes to get out of the initiative.

For example, asking a business leader to design an early childhood health initiative when he or she has no specialized training or professional experience in early childhood health will probably result in frustration all around. The business leader may even drop out of the effort over time.

However, asking business leaders to help develop a public awareness media campaign, or to create strategies for financing early childhood systems, can draw on their expertise. Not only will they feel that they have something useful to contribute, but they will also sense that their commitment and contributions to the initiative are likely to endure.

Most importantly, when stakeholders play roles they are comfortable with, they are more likely to stay involved.

15.

When should stakeholders be involved?

Successful initiative leaders advise bringing the broadest possible group of stakeholders to the table from the beginning—to create a shared vision. This process not only builds broad ownership of the initiative, but also prevents key stakeholders from feeling excluded, which can generate unnecessary opposition as an initiative moves forward.

At the same time, think strategically about what roles each stakeholder will play and when those roles are needed. Some successful initiative leaders have started small and built towards broader participation over time.

In Fort Worth, for example, community mobilization began where there was a "core of interest" in improving the quality of child care services among the First Texas Council of Camp Fire and 35 other organizations involved in early childhood training. Camp Fire, operating under a mission to "create a comprehensive community development plan for family support through high-quality child care," convened the core group, which has grown significantly over the past five years. Recently, more than 100 representatives of the Fort Worth City Council, employers, schools, child care programs, regulatory agencies and others attended an Early Care and Education Summit to develop community-wide action steps. The summit was linked to the mayor's Our City Our Children initiative, aimed at encouraging individuals and organizations to "do one more thing for the children in our community." The summit resulted in renewed efforts and a new task force that includes a much broader group of stakeholders than the original core group.

16.

How can a community mobilization initiative avoid "reinventing the wheel"?

Although it can be tempting to try to do everything yourself, asking for advice from people who have launched similar initiatives can save you time and stop you from repeating mistakes or doing unnecessary work.

Although communities differ from state to state and region to region, ideas that have worked in one place can often be adapted or provide a spark of inspiration for another successful strategy.

For example, when members of a community group in New Hampshire wanted to develop a network of family support services, they contacted the director of a Success by Six Family Resource Center in a nearby Vermont community. They invited this director to conduct a workshop on the nuts and bolts of setting up an effective family resource system. As a result, the New Hampshire planning group was able to short-cut their family resource center development by avoiding the pitfalls described by the visiting expert.

In addition, books and other published literature that describe a range of community mobilization initiatives can serve as a valuable resource. Use the information in this book, including the directory of national organizations in the appendix and expert rosters at the end of this and many other chapters to find out who has been involved in initiatives similar to yours. Call other initiative leaders with your questions. Ask them whom else you should talk with. Most will respond generously with information and good advice.

17.

How will we build the broadest possible support for our efforts?

All initiatives ultimately require implementation. This requires that individuals and institutions change how they work, which is never an easy process. According to Peg Smith, Executive Director of the Indiana Youth Policy Institute, and former director of Indiana's statewide Step Ahead initiative:

> Ongoing communication is one of the best strategies for inspiring stakeholder groups to change and for building support for your efforts.

Considering how you will communicate with the various stakeholders affected by your initiative will enable you to develop proactive communication strategies. It will also help you to identify the resources you need and support that may be available for your initiative.

The process of figuring out what message(s) you need to communicate to each group of stakeholders can help you determine what information you will need to make your case. It will also help you to understand how to frame your message(s). Ideally, you will have involved stakeholders and stakeholder groups with communications expertise in your initiative. You will then be able to draw upon their skills and talents to help build broad support for your community's vision and goals. Information in the chapters "Engaging the Public" and "Mobilizing the Voice of Parents" may also help you to design communications strategies that support your initiative.

18.

What funding and other resources are needed and available?

All community mobilization initiatives require ongoing financial support. Some community mobilization activities can be funded through in-kind contributions of staff or services, but others will require cash. In order to secure the resources necessary to nurture and sustain your initiative, you must first identify the initiative's needs. At a minimum, community mobilization initiatives typically need funds for:

- staff, consultants and clerical support;
- travel;
- stipends for parents to attend meetings;
- meeting space;

- telephone, postage, copying and supplies;
- signing and language translation services at community meetings;
- writing, designing and producing reports, brochures and other materials; and
- assessing progress and results.

Determine whether there are any initiative costs that can be absorbed by partner agencies and what expenses will require additional resources. After you know what resources you need for the initiative, identify possible financial support available in the community.

Some initiatives have been supported by state or county funds, while others have been supported by a combination of grants and in-kind contributions from various stakeholders, including state agencies, United Ways, Business Roundtables and private foundations.

19.

How and when should progress and results be assessed?

Figuring out how and when to measure your progress and results is important for several reasons. First, and most importantly, you must know what progress you have made and the results you have achieved in order to determine which strategies you will use to accomplish your initiative's remaining goals.

Susan Ignelzi recommends that community mobilization initiatives refer to results rather than outcomes. She notes that:

> Conceiving of success in terms of results allows community planners to recognize and celebrate successes all along the way, and avoids misunderstanding by those who perceive the term outcomes in education as meaning undue government intervention.

Second, because community mobilization requires a relatively long-term investment of time by all parties involved, it is important to establish interim points at which you can acknowledge and celebrate accomplishments. This will help you maintain the momentum of everyone's efforts.

Finally, periodically evaluating your efforts allows initiative leaders to refine or change goals and strategies as needed. Also see the chapter "Assessing Results" for more information on assessing your progress and results.

GETTING STARTED

Stories

The following stories describe how three very different community mobilization initiatives got started. Each initiative had different goals and results, yet they all have similar threads of advice. Each state and community in our country is different, and how each state or community gets a community mobilization initiative started will necessarily be different as well. The following examples illustrate how real communities have addressed some of the issues discussed above.

Getting Started in Tupelo, Mississippi: Community 2000

Interview with Cathy Grace, Project Coordinator

The Impetus: Increasing Attention and Action on Early Childhood and Parent Education Issues

In the mid-1980s, the Christian Research Education Action Technical Enterprise (CREATE) Community Foundation convened a Blueprint for Hope Task Force to look at early education and care issues in Tupelo. With a small grant from the Bell South Foundation, this group developed a plan to bring the community's early childhood system and parent education needs to the forefront of public concern.

A Respected Community Foundation Creates a Partnership

In early 1991, CREATE facilitated a meeting with the superintendents of the Tupelo city and Lee County schools and the Executive Director of the Community Action agency, LIFT Inc., which houses Tupelo's Head Start programs. This meeting began a series of discussions about whether there could be comprehensive services for young children in Tupelo or even community-based support services for kids and their families transitioning from Head Start to the public school system. I suggested that people in the community needed to decide what they wanted to do; that is, their vision and the means to achieve it had to come from the community.

A Systemic Approach Evolves

I agreed to move to Tupelo to conduct training on integrating service delivery with people in the school system and Head Start. I had, fortunately, learned about integrated service delivery and knew that the scope of the proposed initiative needed to be broader in order to bring about systemic change within this community. I suggested, therefore, that the partnership conduct a community-wide needs assessment and facilitate ongoing community-wide involvement in their initiative. Referring to research on children's school readiness, I made the case that simply looking at schools was not sufficient to plan for systemic change. There are many other factors that the community could not ignore. As a result of those discussions, we expanded our initiative to address the need for systems change and renamed it Community 2000.

Community 2000 was then established as a collaborative planning effort spearheaded by a 37-member task force made up of 37 community leaders. The group then developed and carried out a democratic process to create a vision of "what the community wanted Lee County to look like by the year 2000."

Using a Community Voting Process to Create a Vision

This citizen task force worked with an outside consultant to explore various options for creating consensus. Naturally, we wanted to use the most productive strategy to reach the largest number of people. We decided to use a community-wide vote because 1994 was an election year in Mississippi, and polling places were an already established mechanism.

To prepare for the vote, we held 13 town meetings attended by more than 650 people. The residents of Lee County told us what the community should address by the year 2000. From their ideas, we narrowed the list down to the 16 most frequently mentioned. We put those 16 issues on the November ballot so that Lee County voters could determine the top five priority issues once election officials and the Attorney General's Office approved our plan.

We hired experts to design and print the ballots, using the typeface and format of the official counting machines at the polls. We ran the vote like an official election, without chance for human tampering. The decision to do this helped us to sustain our credibility later on.

On Election Day in November 1994, we set up tables at all the polling locations, staffed by 250 Community 2000 volunteers. The newspaper announced when and where we would be open. Eighty high school students volunteered to help as part of an assignment for their government classes. They were serious about their involvement, and we could not have succeeded without them.

Five major concerns were identified as top priorities by the community in the election. These were:

- decreasing juvenile crime;
- implementing more drug education in schools;
- decreasing adult crime;
- teaching of Christian morals and values; and
- implementing prayer in schools.

Over time, many Lee County citizens and representatives of the county's education, family support and early childhood communities realized that a wide range of early childhood and family support programs and services could be the most cost effective way to address or prevent the county's top concerns.

During the four months following the election, we used various public relations strategies to recruit volunteers to serve on five individual task forces assigned to address each of these key issues. We advertised on cable TV, in the newspaper, at civic group meetings, at supermarkets and any other place that would have a community audience. An average of 20 people attended each task force meeting. Some had expertise, and others were just interested in a particular issue. Although each task force was racially mixed and representative of different age groups, there was no way to create a purely representative citizen voice because the participation in these groups was voluntary. Volunteers trained in facilitation led the task force meetings. In early 1996, the five task forces created recommendations for public agencies on the five priority issues.

Addressing Opposition

Some people in our community resisted the concept of community empowerment. This may result from the fact that many people currently mistrust the political process and government. Opposing sentiment has been a major obstacle to our outreach and a significant drain on the time and energy of the staff. Those opposing our efforts do not believe that we are truly open to discussion and to different opinions and encouraging of contributions from all sectors of the community.

Some community members perceive any government involvement as intervention. We've tried to address this opposition in several ways. For example, we've asked for suggestions from all groups for ways to support families in the community. We've also emphasized that participation is totally voluntary. Despite our efforts to foster collaboration, though, there is still resistance from those people who see our approach as unwanted "social engineering."
(Editor's note: *The process of community mobilization is not immune from the inherent challenge of democracy — that is, finding ways to bridge diverse perspectives and opinions while accomplishing the greatest good for the greatest number of citizens. Some communities have had great success in bringing diverse groups together, while others have had a harder time. We encourage community mobilization leaders to consult with leaders of similar initiatives that have been successful in other states and communities for advice on adapting strategies to address difficult challenges.)*

Advice for Others

- Secure widespread community commitment.
- Choose a trusted champion to help you get started.

- Plan for the true costs of maintaining a community mobilization initiative over time, and secure sufficient resources.

- Tap the true voices of the community.

- Remain honest and open.

- Remember that you can't please everyone.

Current Status and Next Steps

We are still in the process of building a sense of community and bringing everyone into the collaboration. If we are successful, the Community 2000 initiative will never be completed. The magnitude of such a project will require that it follow future workforce, demographic, and service need trends and should, therefore, be ongoing.

During the next phase of our project we will focus on facilitating and implementing agreements that outline changes in institutions at a systems level in order to improve how services are delivered to families of young children in Lee County.

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Getting Started in Milwaukee: START SMART MILWAUKEE!

Interview with Tim Dewane, Director

Creating a Partnership to Encourage School Readiness

START SMART MILWAUKEE! is a public-private volunteer partnership of leaders from area businesses, community organizations, educational organizations, governments, health and human service organizations, unions and other citizens. The partnership is committed to promoting a new community agenda that supports the healthy development of children age 6 and under. Using a variety of strategies—building partnerships, advocating, and creating greater awareness and understanding in the community START SMART MILWAUKEE! emphasizes prevention to assure that children are prepared to learn. The mission of the initiative is that "all Milwaukee County children will enter the first grade with the emotional, social, physical, intellectual and imaginative skills necessary for academic achievement and a lifetime of growth and development."

Establishing Goals and Objectives

START SMART MILWAUKEE! identified seven community goals to represent the standards of service required to achieve its mission: (1) quality early childhood education/child care; (2) adequate nutrition; (3) prenatal care and children's health; (4) support services for parents; (5) funding flexibility and coordination of services; (6) family income/economic support; and (7) safety. As part of our strategic plan for 1995—2000, START SMART MILWAUKEE! identified the following priority objectives to achieve over the short term (within the next three years):

- Enhance the relationship between families and community resources.

- Promote accessible, affordable, quality child care and early education.

- Encourage use of family and community resources for primary prevention and preventive health care.

- Ensure secure and healthy environments for children.

- Solidify the structure, resources, partnerships, policies and procedures of START SMART MILWAUKEE!

- Measure progress toward achieving our mission, community goals and strategic objectives.

Engaging the Business Community

START SMART MILWAUKEE! engaged the business community through another initiative called ABC Partnership for Children. ABC Partnership provides information and access for business and community organizations committed to work-family supports as well as opportunities for businesses and community organizations to learn more about existing children's programs. Charter membership requires a written pledge by individuals and companies to communicate their "belief in investing in prevention and success" and their commitment to supporting the development of Milwaukee's children and their families both within their own businesses and in the community. ABC Partnership benefits include resource information, roundtable discussions, public acknowledgment as a partner, and authorization to use the initiative logo as well as START SMART MILWAUKEE! resources.

As of May 1996, more than 180 business and community organizations have signed the pledge on behalf of Milwaukee's children and have joined the ABC Partnership for Children.

Advice for Others

Do not wait to plan strategically.

One of the big issues we faced when START SMART MILWAUKEE! "got started" was that no one wanted to conduct a comprehensive community needs assessment to clarify our goals and inform the public and others about our action plans. Instead, we used existing data to identify gaps in the system. At the time, our priority was figuring out how to stem the tide with existing resources. We had new community leadership (mayor, county executive, and public schools superintendent), no available tax dollars, and many other negative social indicators painting a dismal picture of Milwaukee's children. The original planning group had concluded that prevention, not crisis management, was the most effective way for our city to address its problems and achieve the first National Education Goal. The sentiment was, "We've done enough studies, now let's get going!"

We got a variety of programs up and running rather quickly. Then, we came to the juncture in our evolution when we needed to develop a strategic plan to coordinate all of the various community programs and identify specific strategies for achieving the seven goals of the initiative. We discovered that strategic planning takes much longer and becomes very complicated if you do not start with it. The different committees that oversee START SMART MILWAUKEE! have had to individually assess where they are, clarify where they want to go, and formulate their own strategies. Given our decision to postpone a formal strategic planning process in the beginning, a fragmented and occasionally duplicative approach was unavoidable.

While it is tempting to take advantage of momentum and act immediately, it is better to temper this enthusiasm with a process of establishing—in an integrated, systemic way—clear short- and long-term goals and specific strategies to achieve those goals. You will also need mechanisms for financing your activities, measuring your progress and expanding community support for the agenda over the long haul. We learned that looking at singular achievements on a programmatic level does not assess adequately the impact of the initiative system-wide. We also learned that not having a formal START SMART MILWAUKEE! planning process at the very outset cost our initiative a year or two in development.

Build support through community education.

Efforts to educate the business sector, policymakers and community at large about the importance of an early childhood care and education system helped state policymakers understand the importance of healthy early childhood development for a well-educated future workforce.

Determine appropriate roles for your stakeholders.

It is especially helpful to determine, early-on, the roles for each of the stakeholders. Clearly defining an appropriate role for each player helps in the effective and efficient allotment of financial resources and is in keeping with the democratic nature of the process. When people have specific tasks, they feel useful and involved; there is a better chance that they will maintain their commitment and a smaller chance of "burn-out." You need to decide what specific contributions business people and elected officials can make to your efforts. If politicians are involved in your effort, remaining bi-partisan in your philosophy is important to ensuring community buy-in.

Balance the "big picture" with small successes

One of the key principles for systems change is to balance "thinking big" with building on small successes. For example, volunteers for START SMART MILWAUKEE! found it very helpful to get a complete profile of the project, detailing all the various activities so that participants felt involved in the larger, long-term goal. Yet participants were also able to focus their individual efforts on more specific tasks appropriate to their strengths and personal interests. We encourage volunteers to plug in where they feel they can make the best contribution.

Current Status and Next Steps

We recently developed a strategic planning process to integrate our activities toward common goals to get kids ready for school. The goals address prenatal health, early childhood education, parent education and support, and safety. Multi-sector strategic planning teams of five to ten people are developing action plans to achieve each goal. These teams include representatives from the community, lead sponsors (the city public schools and United Ways) and key experts. Each team has reviewed recent research about what is happening in Milwaukee in its assigned area. The teams are also developing recommendations for the role START SMART MILWAUKEE! should play in bringing about needed changes and how we will measure our progress and results.

We will conduct this strategic planning process over a two-year period, "staggering" the start of each team's work at four-to six-month intervals. For example, once the first team has a rough outline of recommendations, the next team will start its process. The second team's planning process will incorporate many of the first team's recommendations for strategy. We designed this staggered approach to planning because we wanted community representation and a group process, but we had to take into account the reality of being short-staffed. We did not want to risk slowing the initiative's momentum by taking too much staff time away from sustaining current projects.

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Getting Started in New Hampshire: Success by Six

Interview with Richard Goodman
Former Executive Director of the Center for
Educational Services, University of New Hampshire

Making the Case

In my many years as an educator of children in kindergarten through 12th grade and as a superintendent of schools, I never paid attention to our youngest children. When I became familiar with the research on child development from birth to 5 years, I realized that New Hampshire should develop a plan to help move the state toward Goal One of the National Education Goals: that all children in America will start school ready to learn.

In July of 1991, I met with a colleague who has a Ph.D. in Early Childhood Education. He gave me the names and telephone numbers of a dozen leaders in early childhood in our state. I called a meeting with these leaders and they endorsed my aim to launch an effort to improve the quality of life for all young children and their families by fostering a statewide climate of support, commitment and shared responsibility.

Launching the Initiative: Getting Buy-In

At this time, I was working on other projects supported by both private foundations, the New Hampshire School Administrators Association and the University of New Hampshire. In that first year, I identified between 50 and 60 early childhood professionals around the state and invited them to a meeting to get consensus on what each community in New Hampshire needed in order to reach Goal One. These professionals agreed on 12 criteria that communities could use to evaluate their progress toward achieving Goal One. They agreed that children are more likely to be ready to succeed in school when:

- their parents are provided with support in parenting;
- their parents have access to prenatal care that enhances fetal growth and development;
- all family members have full access to comprehensive health care, including immunizations and other preventive care;
- they have nutritious diets that ensure healthy growth and development;
- they are in environments free from neglect and physical, sexual and psychological abuse; and they are not exposed to substance abusers;
- their families have safe, affordable and adequate housing;
- they have access to comprehensive high-quality child care and education programs;
- developmentally appropriate public kindergarten programs are available in every school district;
- they enter school with a positive attitude toward themselves and learning;
- their preschool and elementary school teachers understand and use developmentally appropriate practices that acknowledge children's individual differences;
- their schools encourage and foster meaningful parent involvement; and
- parents and other nurturing adults are committed to the education and well-being of children.

At that meeting, we also decided to convene a state conference that would be open to the public. We invited national leaders in the early childhood field, as well as representatives from other key sectors, such as education, human services, health, business, politics and the clergy.

Three hundred people attended the conference. After the keynote speeches, we grouped participants by community and region. Each group reviewed the 12 criteria and were asked what they would like to do in their own community to achieve those criteria. Participants got very excited and involved in this process so much so that 30 community task forces sprang up from the meeting.

Mobilizing the Communities: Find the "Movers and Shakers"

In May of 1992, we received a grant to develop a state plan. As part of the grant, we agreed to identify six to seven communities around the state to receive technical assistance from resource consultants to help develop action plans and implementation strategies for reaching Goal One in those communities. We issued a Request for Proposals (RFP) that defined what communities must do to apply for and participate in the project.

In order for a community to receive technical assistance, it had to develop a plan for collaborating with a variety of sectors. These task forces had to include representatives from the health and education professions and religious groups, as well as political officials and any other people in the community whose buy-in would be instrumental to "making things happen"—in other words, the "movers and shakers" who were in a position to facilitate community action toward change.

We sent RFPs to the public school superintendents, as a dual purpose strategy: we wanted the superintendents to not only be involved in the RFP process, but to also become more aware of early childhood issues.

We received proposals from 20 communities. Six communities were identified, and five consultants were assigned to provide technical assistance to the six communities.

One Community's Process: Claremont-Newport Gets Started

I served as a consultant to the Claremont-Newport community. My first step was to identify a key contact in the community, a friend who might facilitate making connections with various decision makers whose buy-in and support would help the project. The person I chose had spent his career as the superintendent of schools in the area, then became Chair of the state senate's education committee. I called him and requested a meeting. He offered to help organize a breakfast with 20 city leaders from the Claremont-Newport area. We then convened a representative group of area leaders, including a pediatrician, a church leader and several business leaders. We called the task force Success by Six.

The area hospital provided meeting space. After the first meeting, we asked one of the participants—who had demonstrated impressive leadership qualities (highly organized, responsible, committed, and reliable) and high level of expertise—to chair the Claremont-Newport Success by Six task force.

At the first meeting, we talked about the importance of addressing the dramatic rise of teenage pregnancy in the community and taking a preventive approach to solving this problem. We decided to solicit assistance from the medical school at Dartmouth, which is only about 20 miles from Claremont.

Retired Surgeon General Koop, who is now working at Dartmouth College in Hanover, New Hampshire, and believes in our cause, keynoted our next state conference and supports our program. We recruited the help of medical students who wanted to become involved in pediatric medicine and family health. They were asked to spend some time in the public schools, talking to teenagers about health issues and the advantages of delaying pregnancy. We figured that these medical students were closer in age and could communicate more effectively with the teens. The medical school participated, and the program has been successful.

As the public became aware of our efforts, more people in Claremont wanted to get involved. When we brought community and agency people together, we found that members of the community wanted an easily accessible place to go to receive support and services. The group decided to address this need by creating a family resource center with medical personnel and a social worker. The community raised the money and is in the process of planning the center.

Identifying the Needs, Setting Short-term Goals, Making Change "Do-able"

Other communities around New Hampshire are making similar headway, following in the footsteps of the Claremont-Newport Success by Six grassroots movement. In the city of Dover, for example, a community survey was conducted to identify the needs of parents with young children. The survey was distributed in public places, such as libraries and supermarkets. There was an excellent response. Results from the survey revealed that new mothers wanted a place to which they could go at least weekly, which offered child care and other services. The community responded by opening a center staffed by an early childhood professional. A progressive school superintendent reallocated Chapter I funding and secured United Way funds for the center. Originally open only one morning a week, it now operates daily and invites different experts to come to meetings to provide information that parents say they need.

Involving the Business Community

A recent development in this community mobilization process is support from Minnesota's Jim Renier. He is the former CEO of Honeywell, a progressive child advocate, and a former Chairman of the Education Policy Committee of the Committee on Economic Development that published "The Unfinished Agenda."

We invited Dr. Renier to address a breakfast meeting with the executive directors of New Hampshire's United Way and the superintendents of the New Hampshire public schools. His speech helped these state leaders appreciate the importance of early childhood issues. We asked Dr. Renier to speak again at our Success by Six meeting in November 1995. After that meeting, he advised us that if we truly wanted to roll out this initiative statewide, we had to get the support and involvement of the state's 12 local United Ways.

Finding the Vehicle for Statewide Expansion

New Hampshire's state government is very conservative about its collection and allocation of taxes for education. Property taxes are the primary source of funding for the public school system—90 cents of every dollar goes to public school education. But, we also needed to secure the financial support of the private sector and to have an administrative vehicle for expansion. Dr. Renier said he would return to help us if we got the United Ways throughout the state involved. I invited the United Way executives in New Hampshire to a meeting, promising Jim Renier's presence. The involvement of the national United Way persuaded these local United Way executives to participate in an all day workshop for United Way staff to educate them about the Success by Six initiative.

On June 5, 1995, one of the CEOs involved in our efforts invited 20 other CEOs of companies located throughout New Hampshire to lunch to raise money for Success by Six. This was an opportunity to have the undivided attention of some very powerful business leaders in the state—many of whom live and work in the communities we are assisting. I had come to the conclusion that the people who should lead this collaborative effort are those with the best network of business contacts and potential for raising the funds necessary to keep things moving in our state, that entity is the United Way.

Last summer, we held an all day institute for a group of early childhood professionals and United Way leaders to figure out how to transfer the Success by Six initiative from the University of New Hampshire, where it had been administered under my directorship, (at the university's Center for Educational Services) to local United Ways.

We achieved this goal in the Spring of 1996 and announced it at our April 1996 state Success by Six conference.

Who Should Lead?

I do not believe that practitioners and researchers should lead this initiative in New Hampshire. (Editor's note: *In other places, these stakeholders have served as effective leaders, however.*)

It is not that their expertise and ability to facilitate aren't crucial. But, in our state, business leaders have more credibility. It is, therefore, vital for us to educate the business community and to be persistent about involving them. Business people are looking at the future, and once informed about the impact of early childhood experiences on human development and future productivity, they "wake up" to the importance of improving the quality of services for young children and their families. Practitioners should be the expert resource people, and respected business people committed to young children should be the leaders.

Lessons Learned and Advice for Others

- Work with diverse organizations and focus on the common ground.
- Celebrate successes often.
- Don't be afraid to approach key leaders for support.
- Be sure to get the buy-in of every stakeholder.
- Inform the public as you progress.

Next Steps

I am 65 years old and retired in June 1996. I have been in the field of education for the last 40 years. Acting on behalf of birth to 5-year-olds is, without a doubt, the most significant work I have done for children. So much happens in these years: research has shown that 50 percent of the brain is developed by age 3 and 80 percent by age 5. Skills development in effective parenting should be part of every junior high and high school curriculum. I can't think of a better way to promote prevention. Recently, Hearst Publications made a commitment to the United Way to do public service announcements, as well as 30- to 60-minute programs on Success by Six. We hope that marketing through the media will kick off a statewide awareness of early childhood issues as well as of the importance of our attending to the needs of small children —both systematically and programmatically.

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Getting Started Checklist

Use this checklist as an agenda for your first community mobilization planning meetings or simply to trigger discussion and decision making about each issue.

1. What is the purpose of mobilizing our community?
2. Who should start a community mobilization initiative in our community?
3. How should we involve champions who are elected officials?
4. Where should the initiative be housed?
5. How will we create a community vision?
6. How will we develop goals and strategies to support our vision?
7. Should we use an outside facilitator to create our vision, goals and strategies?
8. Who will support our community mobilization initiative?
9. How should we handle opposition?
10. Who should participate in our community mobilization process?
11. How should stakeholders be invited to participate?
12. What information will stakeholders need when they are being recruited?
13. What information do stakeholders need once they've agreed to participate?
14. What can be expected of initiative participants?
15. When should stakeholders become involved?
16. How can our community mobilization initiative avoid "reinventing the wheel?"
17. How will we build the broadest possible support for our efforts?
18. What funding and other resources are needed and available?
19. How and when should we measure our progress and results?

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GETTING STARTED

Sources for Ideas and Advice

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Chapter 2

Assessing Needs

A needs assessment is a tool to use in the community mobilization process. It involves collecting and analyzing information in order to understand a community's resources and needs. More specifically, a needs assessment can:

- document needs and gaps in services (a prerequisite to implementing effective solutions);
- identify potential resources such as people with specific skills, knowledge and funding;
- establish a vision, and goals and strategies to meet community needs;
- build consensus and buy-in to the process of change;
- increase a community's capacity for change by building relationships and fostering collaboration among community members; and
- identify benchmarks to measure your progress in reaching stated needs.

A needs assessment can be simple or complex. The best needs assessment, however, will serve as the foundation for community mobilization by informing policymakers and other state or community stakeholders as they follow these steps in designing an effective, accountable system:

- Define a problem in a quantifiable manner.
- Create a rationale for the changes that are needed.
- Develop strategies that are most likely to bring about results.
- Decide on quantifiable results to measure.
- Plan how to assess those results.

Data You May Want to Collect

Four categories (or "buckets," as Sharon Lynn Kagan of the Bush Center in Child Development and Social Policy has termed them) of data can be used to assess needs of children, families, services, and systems.[1] They are:

❶ what children know and can do;

❷ child and family conditions;

❸ service provisions, access and quality; and

❹ systems capacity.

CATEGORY 1

What Children Know and Can Do

This category contains information on what children know and can do, by focusing on children's motor development, their social and emotional development, their use of language, their cognition and general knowledge, and how they approach learning. In order to get a precise reflection of children's behavior and performance, information must be gathered by parents, teachers, child care and health practitioners, and others directly observing and in one-on-one contact with children. (Editor's Note: *Proceed with caution when studying individual children. Be sure observers are solidly grounded in knowledge of child development and in the cultural experiences of children and their families.*)

Child Trends, Inc., is a non-profit research firm established to improve the quality, scope, and use of research and statistical information about children. It is currently conducting a study of parents participating in JOBS and their children as young as age 3 in Fulton County, Georgia; Kent County, Michigan; and Riverside County, California. A sub-study of a larger JOBS evaluation, Child Trends' work holds valuable insights and strategies for data collection, which will be helpful to other communities as they identify the abilities and needs of individual children.

Four types of child outcomes are being measured two and five years after mothers were randomly assigned to one of two program groups, or a control group. These include (1) their cognitive development and academic achievement; (2) their safety and health; (3) their behavior and emotional well-being; and (4) their social development. The focal children in this study were between ages three and five at baseline.

The information is being gathered through:

- in-person, in-home interviews;
- observations of mother-child interactions; and
- surveys of the children's teachers.

Kristin Moore of Child Trends encourages communities and states to take an ecological point of view when looking at children.

> Be aware we may not have the measures we need. Also, we need to do careful thinking about what we are seeing. Children and families—especially in poorer communities—may have strengths that we do not recognize and that can lead to a child's success in school such as singing songs together.

She cautions states and communities looking at individual children to guard against making assumptions. For example, a child who spends a lot of time watching TV may be doing so because her parents keep her indoors for safety reasons. Her behavior doesn't necessarily reflect a lack of interest—or that of her parents—in play or socializing with other children.

CATEGORY 2

Child and Family Conditions

This category includes information about the conditions that affect what children know and can do—and the daily lives of their families . Examples of this kind of data include health and housing conditions, family income, and other life conditions (e.g., the presence or lack of abuse and crime). It may be gathered from health records, interviews with family members and service providers, and observations and conversations with children and their families.

The Urban Strategies Council in Oakland, California, promotes using the data gained through its own studies and other research on children and families to inform public policy. It works with others in the community to implement sound concepts and policies to reduce persistent poverty and increase economic opportunities for low-income families. The Council views data as a powerful weapon in its fight against poverty's effects on families. For example, in its landmark reports, *A Chance for Every Child* (1988) and *Chance 2: Prospects for Oakland's Infants, Children and Youth in the 1990s and Beyond* (1995), the Council uses data and mapping to show that persistent poverty is not merely a chronic lack of adequate income but a series of interlocking problems that can stop families from improving their social and economic fortunes. Data are also used to identify patterns. For example, in areas of the city where many are poor, there are also high rates of low birth weights, teen motherhood, welfare recipiency and lack of achievement in school. Data are additionally used to examine trends indicating signs of improvement or signs of worsening trouble. Besides its own reports, the Council helps other community organizations compile and share data in collaborative efforts to make the best use of existing resources and to bring new resources into the community.

Based on a belief that persistent poverty cannot be eliminated through local efforts alone, The Urban Strategies Council is part of The National Community-Building Network, an emerging network of urban planning and action organizations that is coupling local experience with academic research and a policy perspective to help frame the national debate on issues of persistent poverty.

CATEGORY 3

Service Provision, Access and Quality

This category focuses on families' access to services as well as the cost and quality of those services. The category may include information about available services such as health care, parenting skills development, child care, preschool and schools.

The Boston Early Education Quality Improvement Project (EQUIP) is a research and intervention project funded by the AT&T Foundation in conjunction with the Families and Work Institute. Its goal is to improve quality for the estimated 25,000 children that use Boston's early childhood and education programs. There also are EQUIP projects in two other states—West Virginia and Oregon—and in the Kansas City metropolitan area. EQUIP sites are demonstrating the role that high-quality data play in reaching their goals—and in helping other initiatives improve the quality of early care and education. Boston's EQUIP project is working to:

- define the elements of quality early care and education;
- develop and conduct a quality audit;
- assess needs and benchmark progress toward improving quality; and
- strengthen collaboration among all stakeholders in Boston.

Boston's EQUIP's data collection efforts include:

- surveying 302 randomly selected early education and care providers, which represent more than 1,200 teachers and 25,000 children. This survey has provided data on several variables found to be related to the quality of early care and education services in other research such as teacher education, turnover, salaries and group sizes. In addition, this survey is providing information on the distribution of computers, design of child care settings, and linguistic and racial distribution of staff and children. Findings are summarized in a user-friendly brochure with easy-to-read graphs. Findings are also being used to develop fact sheets about particular components of Boston's early care and education system;

- conducting a focus group with licensors from the Office for Children to discuss the status of Boston's early childhood settings. These focus groups (and the survey data) indicated that many programs are located in spaces that were not originally designed for child care. This pointed to a great need to develop innovative, cost-effective methods for improving Boston's child care facilities. Based on these findings, Boston's EQUIP is now developing a facility audit tool to index child care settings in Boston;

- creating a visual representation of the supply and demand of child care. With the help of Northeastern University, Boston's EQUIP mapped the distribution of child care slots across the city. Additional maps were created to present variables that predict supply and demand—such as the number of single parents, family income, and ethnicity. When the maps are overlaid , they reveal the tremendous gaps in child care services across the city. These maps are being used by community groups. For example, a group of inner city child care directors are giving district maps depicting the early care and education programs (and their absence) to state legislators. A Boston employer will also use these maps to plan for meeting the child care needs of its employees; and

- holding parent workshops. Boston's EQUIP held a two-day training session on facilitating workshops with parents. In these sessions parents discussed their concerns around the quality of their children's child care programs. During this workshop, fifteen parents and five child care professionals were trained in the technique of the Right Question Project which helps participants identify issues and develop solutions through the process of formulating questions. The trained workshop leaders are currently hosting meetings across the city to learn about the quality of child care from parents. During these meetings, they help parents ask questions, identify their concerns and develop strategies for addressing them. Thus far, over 70 parents have participated. For more on The Right Question Project see the chapter, "Mobilizing the Voice of Parents."

This initiative also provided the lion's share of data for Boston's Zero to Eight Coalition by exploring the impact on services for 4-year-olds if the Boston public schools were to meet the demand for full-day kindergarten programs. The assumption was that providing full-day care for the 5-year-olds would reduce the slots for 4-year-olds. Based on the data, the Coalition recommended that programs for 4-year-olds not be reduced, but be expanded instead. The Coalition is using this data to encourage the city—in partnership with schools, Head Start, local businesses, and community providers—to create 2,024 new full-day, full-year program slots for 4-year olds.

This is a prime example of how assessing a need can help shape decisions, forge collaborations and prevent potential problems.

CATEGORY 4

Systems Capacity

This category focuses on how services work in conjunction with one another as a system. It includes information about system efficiency, redundancies, capacities and effectiveness.

New Beginnings, a collaboration of agencies serving children and families in San Diego, is committed to refocusing and restructuring public services to be more effective and accessible to families. In its initial planning phase, New Beginnings conducted a needs assessment of the families served by participating agencies. In addition, focus groups were held to seek the views of agency staff members who work directly with families. Although the primary goal of the study was to inform the development of a model program, the process fostered a close and enduring collaboration within the working group.

The New Beginnings needs assessment used several different methods of assessing the families' needs and the system's capacity including:

- an "action research" project conducted by a social worker from the Department of Social Services who worked intensively with close to 20 families over a three-to-four-month period. This project addressed two major questions: 1) What services did families need from agencies participating in New Beginnings? and 2) What barriers did families face in accessing these services? The social worker interviewed families and accompanied them to agencies in an attempt to view the system (or lack thereof) through their eyes. Also, the social worker helped families in a variety of ways, including helping them access needed resources;

- interviews of 30 additional families conducted by off-duty public health nurses during home visits. The goal of these interviews was to understand the families' needs and their perceptions of New Beginnings agencies. Families were seen as valuable partners in this process;

- focus groups with agency line workers and supervisors from various agencies participating in New Beginnings to explore their perspectives on the existing "system" and suggestions for improving it. It was a challenge for staff to identify system barriers. Participating in focus groups helped staff members begin to think of themselves as part of a system rather than as individuals who experienced multiple barriers to functioning effectively;

- a data-match study to see which families were served by multiple agencies and programs within those agencies; and

- a migration study to look at patterns of families moving from one neighborhood to another and the ways these patterns might affect the effectiveness of the system of programs and services.

QUESTIONS TO CONSIDER

Developing Effective Needs Assessments

Thoughtful planning can help you get the results you want and need from your needs assessments. The following questions are designed to help you identify the most effective needs assessment process for your community mobilization initiative.

1. How much information do you need? What kinds of information do you need?

When planning a needs assessment, keep your purpose in mind. Avoid the temptation of trying to gather all the information you can to be sure you haven't missed anything. The problem with this approach is that it is easy to become overwhelmed with irrelevant data and to lose sight of your initial purpose.

We suggest you imagine you are releasing the results. Ask yourself, "What will the headline of the article be?" and "What difference will the information you are sharing make?" Throughout the process of designing and conducting your needs assessment, stay grounded in the answer to this question. It will help you stay focused on what is most important and to identify sources of data that will be most helpful.

As you assess potential data sources, keep going back to the original purpose of your needs assessment in order to decide what categories of data you want to explore and which data sources will be most helpful. Take time to carefully consider who and what you are going to assess. Remember, you are going to have to analyze the data you collect. Establish parameters to keep you from getting bogged down in information. For example, ask yourself: What age children are you focusing on? Are you going to assess programs? practitioners? community members? clients or customers of the system? Depending on the size of your community, you may want to consider, for example, doing a random survey rather than trying to reach everyone. Collecting more data than you need or collecting the wrong data can frustrate and delay community mobilization initiatives.

2. What data describing the needs of your state or community's early childhood education and care system already exist?

In some instances, an initiative has a solid base of existing data to build upon. Sometimes an initiative can piece together information from diverse sources, such as national census data, local economic, labor or birth statistics, local child care resource and referral agency records or regional United Way service planning research.

The Maryland Committee for Children (MCC) determined that good data were crucial to shaping the Maryland Employers Advisory Council on Child Care (MEACCC)—a group of top business and labor leaders who recognized the connection between a strong child care system and Maryland's continued economic development. Applying their business expertise to the issue of improving child care, MEACCC members looked at child care delivery across the state as a distinct business system. They analyzed its strengths and weaknesses, and ultimately, called for the creation of a public-private partnership, the Maryland Child Care Resource Network (the Network) to provide the infrastructure needed to improve and expand child care statewide. As a first step in the Network's development, The Maryland Committee for Children, which provided staff support to MEACCC, shared its data on the supply and demand for child care with MEACCC members during a six-month education and assessment process. Using this data base culled from calls received by LOCATE Child Care, MCC staff were also able to give MEACC members a picture of what parents are looking for, what they are willing to pay, and what they are finding.

In West Virginia, the Governor's Cabinet on Children and Families created a comprehensive, state-level data base looking at a large number of variables including basic demographic data, the welfare of children, children in out-of-home placement, child abuse and neglect, early intervention, and transportation data. County-level profiles were developed from these data and sent to representatives in each county along with a guide to the community planning process for developing local plans.

3.

What do these data tell you? What don't they tell you?

Although it is rare for any community mobilization process to begin with all of the data it needs, it is likely you will find that data are available about some elements of your community such as: percentages of working mothers with young children; numbers of single parent families; income levels of families in various neighborhoods; children's immunization rate; teen pregnancy rate; or the infant mortality rate.

It is equally likely that you will find that key pieces of information needed for successful community mobilization are not available, such as: what are the strengths and assets of your community's early childhood system; what services are available at the community level; what kinds of programs and services do families want and need and whether these two elements correspond; what is the level of quality in your community's system; what is being spent in your community; what does it cost; or what services are needed but unavailable.

4.

What other data sources are there?

As you broaden your search for data, consider secondary data—data that have already been compiled by someone else. Using these data can save you time and resources. Some of these data you may need are public information. Others may belong to an individual organization and may require permission and/or a specific request. Possible sources for secondary data include:

- national reports and data bases;
- public libraries;
- federal, state, and local government agencies;
- documents such as health records;
- newspapers;
- online services; and
- reports from individual advocacy organizations.

Your community will also have rich sources of primary data that you can gather first-hand. These sources include:

- local schools;
- health care providers;
- social service providers;
- your chamber of commerce; and
- local police and fire departments.

Does your state legislature, town or city government have a research office or department? Do you know what data are available through them? Can the staff of your elected federal officials help you access needed federal data? Does your state or community conduct an annual Kids Count assessment? Are there individuals (professors, students and/or administrators) at colleges or universities in your community who can help you access needed data? How can you get their help?

Finally, do not overlook census data. According to *Know Your Community: A Step-by-Step Guide to Community Needs and Resources Assessment:*[2]

> One advantage of census data is that they provide information at the neighborhood level, whereas data gathered

from many other sources do not. Also, it offers comparable data pertaining to other communities and to the city, county, state, and country in which the community exists.

5.

What is the best way to gather data about community and system strengths and resources as well as needs and service gaps?

Community and system needs and resources will usually be assessed from a variety of data sources collected in a variety of ways. In this section we offer brief descriptions of several data gathering methods. We encourage you to refer to resources listed in this book as well those in your community for more specific information as needed.

Surveys of Representative Groups

There are many effective ways to gather data. One way is to conduct a survey. A survey is a set of questions that are crafted to get specific information. Creating a sound survey is part science part art. It takes lots of work. You not only have to hone in on the right questions to ask, you have to figure out how to ask them in a way that will give you the information you are looking for. And, in perhaps the biggest challenge of all, you need to make your survey short enough so that people will respond. This often entails a painful process of weeding out those questions that are crucial from those that are not. In the craft of survey-making, a well thought-out less is often more.

Surveys can be written. They can also be done in person or conducted over the phone. How you conduct a survey depends in large part on the number of people you are questioning and your available resources.

In a community mobilization effort, the content of your survey and who you survey will be defined by your vision and the goals of your initiative. You may, for example, survey early childhood professionals, pediatricians, parents, or training institutions.

In New York City, a survey of early childhood practitioners was developed by The Professional Development Sub-Committee working under the auspices of The New York City Early Education Leadership Group (EELG) and staffed by the Families and Work Institute. In its effort to improve quality by making effective professional development training and education available to early childhood practitioners in all settings working with children ages 0-8, the committee decided that surveying a representative sample of practitioners would help them to understand:

- who is in the workforce and their level of professional development;
- how staff qualifications fit with regulatory requirements; and
- the obstacles and incentives for staff in obtaining continued professional development.

A small work group met to frame the questions that needed answers and draft the initial survey. The survey was then field-tested, after a long period of building consensus about the issues to be included. Overwhelmingly, the comment came back: "This is too long." Committee staff did a major overhaul and cut the original 25 pages down to 12 pages. The Committee reviewed the revisions and said, "Go with it!"

The survey is scheduled to be mailed late in 1996. (See boxes for sample questions from this survey as well as "Asking the Right Questions: The Use of Surveys in State and Community Planning on Career Development and Training in Early Care and Education," located later in this chapter, for more detailed guidance on creating a survey.)

Population Surveys

The Oregon Population Survey is a biennial telephone survey of randomly selected Oregon households. The survey is designed to provide a regularly gathered source of statewide and regional data on a broad range of population characteristics. These data indicate how well Oregonians think Oregon is addressing issues important to their lives and their state. It has been used as the source for more than 30 of Oregon's benchmarks. (See "Assessing Results" for more information about Oregon's benchmarks.)

In 1994, the base survey was expanded to include 4,200 households. The number of additional households surveyed in the African-American, American Indian, Asian American, and Hispanic communities was expanded to approximately 400 each. Also approximately 400 25-year old respondents were surveyed. That year, 950 households from the base survey were resurveyed on additional topics.

The West Virginia Social Indicators Survey (WVSIS), an annual survey begun in 1992, gathers data on the social and economic conditions of West Virginians. The West Virginia University Survey Research Center (WVUSRC) conducts telephone surveys with a representative cross section of West Virginians.

Each year, a core set of questions are asked of all respondents by experienced and extensively trained professional interviewers. These include questions on household composition, residential satisfaction and mobility, family life, employment status, political activity, income and child care. Questions are selected for two reasons: (1) to provide useful information for policy and planning at the state and local levels, and (2) to provide maximum comparability with other state and national social indicator studies. (See box in this chapter for examples of questions asked in 1995.)

Surveys of Key Informants

In Indiana, Step Ahead Councils—made up of parents, and representatives from local and state agencies, schools, churches, businesses and community services—receive planning grants from the state to conduct needs assessments and to create a roadmap or plan of action for addressing the county's needs.

All 92 Councils have completed county needs assessments. Each county was required to supply demographic information, overviews of all agencies that provide services to young children and their families, and a universal grid identifying both gaps and redundancies in services. Councils were encouraged to incorporate information from needs assessments which had already been done (up to 18 months before the Step Ahead needs assessment) to reduce duplication of effort locally. Many communities were able to secure additional funds for the needs assessment.

Nadine Pourier, a Step Ahead Council Member in South Bend, Indiana, explains how the Council's survey of licensed providers helped the Council reach a new level of looking at the community's needs and strategies for meeting them:

> Our data reflected that families' needs were being met in town but not in rural areas. This was important information but even more valuable was how the process brought us together and gave us a new way of looking at how best to support families. Now that we've gained experience and gotten a large cross-section of the community involved in the Council, we are reframing our work. Rather than think about how we can spend the money we get from the State and CCDBG funds, we are looking at how we can get the whole community involved and use our resources to meet our needs. For example, a task force is working on involving local businesses as a partner in our work.

Interviews and Participation in the Field With Users of Services

Another way to gather information is to create opportunities to see the vision, system needs or challenges through the eyes of those who use and provide services. This method was used in San Diego through focus groups.

Focus Groups

Focus groups are meetings of small groups of community members, service providers, or other stakeholders (eight to ten is typically recommended) held to obtain their insights and perspectives about matters that touch their lives such as community strengths and needs, concerns for their families and dreams for the future.

Participants can be self-selected or chosen as members of a representative group. In San Diego's New Beginnings, agency line workers and supervisors shared their perspectives on the existing "system" and suggestions for improving it during a focus group. In Boston, a focus group was conducted with the licensors from the Office for Children to discuss early childhood spaces. The size of the group should be small enough so that everyone can have the opportunity to speak, yet large enough to provide a diversity of views.

Focus groups are conducted by a facilitator who asks open-ended questions—questions that stimulate thought and discussion as opposed to yes-no questions (e.g. "How do you feel about the quality of health care your family receives?" and "If you could change three things about our community, what would they be? Why?") He or she should be skilled in asking well-thought out questions, listening, asking follow-up questions, and deciding when to let a group follow an unexpected path. The proceedings are typically recorded—on paper, computer or audio tape—so that they can be reviewed and reflected upon later.

Assuring attendance at a focus group can take careful planning and work. Because people may feel intimidated or not understand the purpose of the meeting, it can be helpful to have a familiar and trusted person offer the invitation to attend. The meeting time, space and refreshments should meet the needs of participants. For example, providing child care on a Saturday afternoon or offering dinner at the end of the day can encourage families to participate. Finally, holding the focus group in a place that is easily accessible, safe and comfortable will help assure attendance.

The next challenge is encouraging people to share their thoughts and feelings. Choosing a facilitator who is viewed as a neutral party—someone who has no axe to grind about the issues being discussed—will make it easier for people to express a wide range of views. Assuring individual confidentiality will help people feel safe to express their true feelings.

6.

What resources are needed in order to gather this information?

Figuring out what resources you need to carry out your needs assessment is the first step toward securing them. Questions to address include: Does your initiative require staff or funding to gather the information you need? Do you need access to existing sources of information? Do the data gathering strategies you plan require volunteer or student participation? Will those volunteers or students need training and orientation to carry out their work? Will you need funding or in-kind support to publish and communicate the results of your needs assessment? How will you secure such support?

7.

How will you secure these resources?

After identifying the resources you will need, you are better positioned to secure them regardless of whether they involve people, organizations and/or funds. Are there members of your initiative's broad stakeholder advisory group who can contribute funds and/or personnel to your efforts? Do any of your business or higher education partners have staff or faculty they can lend to this effort? Is there a local private, corporate or community foundation, United Way, Junior League or other civic group that can provide grant support to conduct a needs assessment?

There are many places to look for needs assessments resources. Be creative in thinking about how to find the help you need to complete this critical planning step.

8.

How will you assure the data you collect will give you a representative, meaningful picture of needs?

Here are a few points to keep in mind to help assure your needs assessment will provide data that will help you reach your goals:

- Be aware of the power of data to inform your efforts. Keep its necessity in mind if and when the going gets rough in the planning and implementation of your needs assessments.

- Consider the importance of assessing strengths as well as needs of individuals and communities.

- Involve all key players from the beginning to help assure buy-in to your needs assessment efforts.

- Create a manageable sized group to create and implement your assessment. When it comes time to get down to work, create a work group to design and implement the assessment. Some communities have found it helpful to staff this group with someone who is neutral and whose responsibility it is to facilitate the process. It will be the job of staff to call meetings, help the group keep on track and follow through on the numerous logistics such as producing a survey and making necessary arrangements for the mailing and tracking of responses.

- Wait to develop specific questions until you have a clear picture of the purpose of your assessment and the information you will need.

- Figure out how much money you have for this effort, potential sources for additional funds, and what staff resources are available. Consider whether you want to contract out your assessment to a local researcher who has the expertise you need. Being clear about your resources will help you plan within a realistic scope.

- Be clear about who and what you are going to assess. Imagine writing your final report before you finalize your assessment plans. This will tell you immediately if you are asking the "right" questions of the "right" groups of people.

- Consider a variety of methods to gather data. People respond differently to different methods. Avoid the temptation to depend solely on written surveys.

- Select and reach consensus about the methods that will get you the information you need. Are you going to conduct a written survey? Are you going to interview families currently using services?

- Consider assessing representative groups. Random sampling is a technique used to create a representational group of respondents. The first step in this process is to identify all the potential members of the target population. You will need to decide whether to break up or stratify the large group into subgroups that are large enough to allow you to analyze the responses of different constituencies. We strongly advise you seek the help of someone with expertise in doing surveys.

- Determine a good response rate. The number of people who respond determines the precision with which you can analyze results. Assuming representative samples smaller than the population, a sample of 200 will provide population estimates with maximum margins of error that are half (+/-7%) those for a sample of 50 (+/-14%). However, once the sample size exceeds 500, increases in precision quickly level off. The difference in precision between a sample of 6,000 and one of 1,500 is trivial.

- Field test your assessment tool. Conduct extensive enough testing to assure your tool will be effective with the population you want to assess. For example, be sure a survey is at an appropriate literacy level and length for its intended audience. If different languages are spoken, translate the survey into those languages. You may want to ask people to come together in a group to try out your survey and mark problem areas as they go through it. Then discuss it together.
- Plan the implementation of your assessment in such a way as to obtain public attention. For example, tie it to a community event. Work with the media throughout the process so they will be eager for the results.

9.

What role will families—the users of early childhood systems—play in planning, conducting and analyzing the results of your needs assessment?

Families with young children are the ultimate customers of any system of early childhood programs and services. Although they may use different words to express their needs and desires than professionals, their knowledge, opinions, and dreams should help guide any community efforts to improve early childhood systems. As you work with families, take time to meet them where they are.

An interesting model for involving families in assessing needs is North Carolina's Family Ties Initiative, developed by the North Carolina Department of Human Resources. Family Ties is a community-based family outreach, information and leadership strategy available to programs such as North Carolina's comprehensive early childhood initiative, Smart Start. The purpose of Family Ties is to identify low-income families with children under six years of age who do not currently receive child care or child development services but may need such services as a means of support for families. The project's aim is to share information with families about existing community resources and programs, to obtain information about families' health and human service needs and resources and to build local leadership capacity.

Family Ties encourages the employment of residents from the targeted community to work as Community Outreach Specialists who conduct the fieldwork. By employing residents from the community, the project has been successful at gaining greater entry into "hard to reach" communities while also fostering local leadership development.

To conduct the assessment of families and communities, Family Ties looks at existing socio-demographic data in a community. However, according to Beverly Turpin Garcia, formerly of the North Carolina Division of Child Development, "Socio-economic data only gives one half of the picture. The second half comes from talking with families." Information shared by families is used to inform local health and human service design and delivery.

Don't let confidentiality issues frighten you off when you consider asking families and agencies to share information. Bring attorneys in to help figure out how to protect the rights of families and at the same time to get sound data. As New Beginnings in San Diego and Smart Start in North Carolina learned, it can be done.

Finally, as you work with families, understand their need and right to be partners in the community mobilization process. To show respect and say thank you, New Beginnings offered families a $10 give certificate from a nearby grocery store. Ohio Family and Children First provides family volunteers with child care expense reimbursements and stipends for their time spent at meetings. This practice is based on respect for families' contribution and an understanding that professionals are usually being paid for the same level of effort.

10.

What role will other stakeholders play in planning, conducting and analyzing the results of your needs assessment?

In addition to consumers, other stakeholders will have insights that will be helpful in guiding your work. Some may be involved in hands-on ways such as helping write survey questions, convening focus groups or analyzing data and presenting it in visually pleasing ways.

You may also choose to bring in others to help. For example, your committee might consider enlisting others who have conducted similar research to review your tools. If you don't have the capacity to do complex analysis, you may choose to team up with others who do. Look to your local university and to researchers in various agencies. Chances are you will end up finding new partners who want to be involved in making their community a better place for young children and their families. Also feel free to call some of the people mentioned in this book.

11.

How will you communicate the results of your needs assessment to:

- your community stakeholder planning group?
- families in your community?
- elected officials?
- state, county and local planning boards and commissions?
- federal, state, county and local government agencies?
- public and private providers of early childhood programs and services?
- employers, unions and employee associations?
- grantmakers and public policymakers?
- the general public? and
- the media?

Because data have so much power to shape your efforts, it is critical that you share your findings in a form that people will find helpful. Some members of your audience will be comfortable with and prefer technical, detailed reports of your findings.

We suggest, however, that most of the people you are communicating with will appreciate and benefit from reports that are easy to understand and read and are attractive. Keep in mind that you don't have to share everything you have learned. Use your most important data to tell a meaningful story. Consider teaming up with partners who have the skills you need to present your findings most effectively. Boston EQUIP, for example, is working with Massachusetts College of Art to design a user-friendly brochure with easy to read graphs to share findings of the Boston Child Care Provider Survey.

In addition to providing data, you will need to provide necessary guidance to help people demystify data analysis—to help them bridge the gap between data and understanding what they mean. Once people learn to use data, they have the ability to do it over and over again.

Above all, remember that a needs assessment is invaluable to your community planning effort. Avoid letting the thought of working with numbers and charts intimidate or overwhelm you or members of your committee. If necessary get support from a nearby college or university or from a resource person in this book. Your community—and you—can only benefit.

Contacts

The following people are currently involved in some of the initiatives mentioned above, and are willing to share their experiences and lessons learned:

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Notes

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Needs Assessment Planning Checklist

Here are the questions to address when developing, implementing, and analyzing a needs assessment in your community:

1. What are you trying to learn? What kinds of information do you need?
2. What data describing the needs of your state or community's early childhood education and care system already exist?
3. Can you get access to these data? How?
4. What will these data tell you? What won't these tell you?
5. What is the best way to gather the data about community and system strengths and resources as well as needs and service gaps?
6. What resources do you need in order to gather this information?
7. How will you secure these resources?
8. How will you assure that the data you collect will give you a representative, meaningful picture of needs?
9. What role will families—the customers of early childhood systems—play in planning, conducting, and analyzing the results of your needs assessment?
10. What role will other stakeholders play in planning, conducting and analyzing the results of your needs assessment?
11. How will you communicate the results of your needs assessment to:
    - your community stakeholder planning group?
    - families in your community?
    - elected officials?
    - state, county, and local planning boards and commissions?
    - federal, state, county, and local government agencies?
    - public and private providers of early childhood programs and services?
    - employers, unions, and employee associations?
    - grant makers and public policymakers?
    - the general public? and
    - the media?

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ASSESSING NEEDS

Resources from the Field

Asking the Right Questions: The Use of Surveys in State and Community Planning on Career Development and Training in Early Care and Education

We thank
Sheri L. Azer, Karen L. Capraro, and Joan B. Costley
of The Center for Career Development
in Early Care and Education, Wheelock College,
for contributing this article.

Introduction

More than 40 states around the country are currently engaged in state planning focused on career development and training[1] in early care and education. These planning groups are working to develop comprehensive career development systems by addressing the accessibility of training and education for practitioners, the types of training and education needed for those working in the field, and state regulatory and higher education policies. Often, these groups begin their work by gathering information to form a picture of the needs and characteristics of the population the policy decisions will affect. There are several methods that can be used to gather this type of information:

1) Records Review. State records, documents, and existing data gathered by others in earlier studies are good sources of information. This information is helpful to get a history of state policies, but does not allow for hearing the concerns directly from the population, which—in the case of career development policy work—is the practitioners or representatives of training programs.

2) Focus Groups. Members of the planning group, or a hired consultant, can convene practitioners, trainers, and educators for open discussions of their needs. Three conditions are essential to make focus groups fully effective: (1) the facilitator should be someone, perhaps a consultant, who does not have a stake in the outcome of the discussion other than doing a good job; (2) a prepared protocol of questions should be used; and (3) the confidentiality of the participants should be promised and protected. Conducting a focus group can help to provide insight into the feelings and experiences of the participants—the "how and why" of the issues—but the focus group should not be relied upon as a valid, objective sample of the entire target population.

3) Surveys. Written surveys are the methods of choice used by many for producing valid, scientific results. Surveys allow planning groups to reach into the community to identify opinions on issues, current needs, and key demographics of target populations.

Questions the planning group must consider when choosing a method of information-gathering include:

- what do we want to know?
- from whom do we need to learn it?
- how will we use what we discover?
- what is the best method to use to meet our purposes?
- do we have the resources necessary to meet our goals? and
- why do we need to know this information?

In this paper we focus on the use of written surveys to conduct training needs assessments in a state or community. In our work with states, we are seeing a trend toward survey development and would like to offer some guidelines and questions for planning groups to consider when embarking on such an endeavor.

Surveys: Not a Simple Matter

With carefully designed questions, surveys can be used as part of career development planning to gather such information as how much training and education practitioners in a certain geographic area have, how many courses they have taken, and the subject matter of those courses. Developing a survey, however, is not necessarily the quickest and easiest way to gather information about a given population and that population's needs. There is a science to survey development; certain research methodologies must be applied, and the questions that are posed must be appropriate for the population surveyed. Conducting a valid survey takes time, resources (both in terms of money and people), careful thought and planning. Survey questions must be free of bias (i.e., toward gender, ethnicity, etc.), clearly written, and designed to capture only the information wanted. When planning groups become overly ambitious—including every possible question on the members' minds—they often sabotage their efforts to gather data. Long surveys may reduce a respondent's willingness to answer.

The following set of guiding principles are designed to help planning groups design and conduct a survey:

- Clarify the survey's purpose, and determine how the information will be used.
- Secure adequate resources for design, distribution, and analysis.
- Know the population of respondents, including factors that affect how and whether they will respond—such as literacy level and primary language.
- Know the size of the population and how many respondents will be needed to produce valid results.
- Choose an appropriate distribution method for the survey.
- Design a survey that meets the purpose and is appropriate for the population.
- Ensure a good response rate.
- Define how the information will be analyzed.
- Write up the survey findings in a compelling way.

The design of a survey must be tailored to the specific outcomes and population, and adapted to fit the particular context of the state or community where it is being conducted. In the discussion of each of the nine principles that follows, we include advice from states that have used surveys, along with examples of their work.

Principle #1: Clarify the survey's purpose, and determine how the information will be used.

The first question a planning group needs to consider when deciding whether to conduct a survey is: "What do we want to know?" In one scenario, a planning group working on building a career development system in its state wants to know the following:

- How much and what types of training in early childhood education are available (i.e., the supply)?
- How much training does the population of practitioners currently have access to?
- What are the current and future needs for training (i.e., the demand)?

Two distinct types of surveys, and two different pools of respondents, are needed to obtain this information. To obtain information on supply, respondents from programs that provide training and education should be surveyed. If the intent is to quantify practitioners' awareness of training opportunities or to assess demand, then practitioners should be surveyed. The planning group must decide, therefore, which type of information will be most helpful to its efforts at that particular time. Looking at the supply of training may help in assessing gaps in content, access, or geographic location of the training; looking at the demand from the practitioners' perspective may provide a profile of the practitioner population—including information about level of education, perceived needs, obstacles to career development, and factors such as language spoken.

When clarifying the purpose of a survey, planning groups need to keep the scope manageable and focused. One instrument cannot serve every purpose. If too much is asked and the focus is too broad, the following situation could arise. One state involved in a statewide planning effort recently administered a survey about child care training. The goals of the survey were decided by the statewide professional development team and were broad and diffuse in scope. The team wanted to include questions about the amount of training practitioners have, where training was taking place, the content of training, practitioners' training needs, who was providing the training, and the quality of the trainers. A research team of university professors and graduate students then developed a series of questions to be included on the survey. The draft was reviewed by the professional development team, experts at other colleges, our Center, and other researchers.

The reviewers concluded that some of the survey questions were lengthy and redundant. It took a total of nine months of revisions to produce a somewhat more focused instrument. However, when the survey was administered, the amount of data that resulted was so immense that the team's available support persons could neither code nor enter all of it. The group had to rework its database, which took unplanned time and extra resources.

The most useful method of clarifying the survey's purpose is to imagine releasing the results and to ask, "What three findings will be most useful?" Write down the priority topic areas and use them to guide you in developing your survey. These topic areas will mitigate against including "everything but the kitchen sink" in the survey and will keep it focused.

Whatever the use of the survey, it must be considered valid in the community in which it will make an impact. Collecting data using a scientific method that can stand up to scrutiny greatly increases your chances of obtaining data that can influence decision making. For instance, a researcher who worked with a New York City planning group explained that their goals for conducting a survey were "...to engage in an activity that would help the professional development subcommittee to coalesce; to assess the current qualifications of the early childhood workforce; to find out the extent to which staff were in or out of compliance with city regulations; and to assess the career goals as well as the obstacles and incentives for future career development among the workforce so that efforts to enhance professional development would be based on accurate data, not speculation."

Conducting a survey is a way to document assumptions and produce hard facts. Planning groups need to decide the manner in which the results will be used. For example, survey results could be used to produce a written report, a press release, and/or a presentation that:

- informs the state, community, and/or early childhood field of the particular needs of practitioners or the types of training that are available;

- provides information to inform government decision making, such as the use of public expenditures to improve quality;

- provides data to persuade potential funding sources, foundations, and/or business to invest in training; and

- brings a wide group of people into the planning process to effect policy change by giving them a voice to express their needs.

Any planning group must weigh all of these considerations before embarking on a survey project. It is also critical that all involved fully understand and support the survey's defined purpose and are able to work to meet that goal.

Principle #2: Secure adequate resources for design, distribution, and analysis.

Planning groups have used a variety of funding sources to pay for survey projects. Private foundations, federal and state agencies, the United Way, corporate dollars, and Child Care and Development Block Grant (CCDBG) and business quality improvement funds have all provided resources for completing needs assessment projects. Beyond these sources, groups also can form connections/relationships with researchers at local colleges or universities who might be able to contribute in-kind resources, such as time and expertise. Many colleges and universities have institutes and/or departments interested in social policy research, needs assessment, community inventories, and evaluation studies of the effectiveness of government and community services. Faculty members themselves may be interested in providing their time or in offering graduate students to assist in the work. An early childhood leader from Texas, for example, stated that a key to success in conducting a survey is calling on the assistance of an expert in the field of survey design who knows how to build survey questions to get at the desired results. She and her colleagues did not engage the services of this kind of research consultant and wound up spending a lot of time and money on revising their instrument.

Early in the process, planning groups can identify others in their state or other states who have done needs assessments or other kinds of survey research. Those who already have had the experience can help provide cost estimates—including time needed for design, distribution, coding, and analysis. Also, members of the planning group with survey experience and expertise may be able to develop budgets for planning and implemention of the entire survey project. It is crucial that a budget be developed and that it includes some contingency funds in the event that problems arise in the process of developing , implementing and analyzing the survey.

One approach that has served many groups well has been to obtain a planning grant early in the process—to help plan the project fully and begin to develop answers to the key questions identified earlier in this paper. With such a planning grant, key stakeholders can be convened to discuss these questions and make recommendations. They also can begin to develop very preliminary lists/outlines/drafts of the topic areas for the survey. In many instances, a planning grant could also fund preliminary steps in designing the survey (these steps are described in detail in Principle #6). Once the preliminary planning is completed, the group should be ready to pursue and secure funds to implement the survey. A budget for staff time (most often the largest portion of the budget), telephone, printing, mailings, computers, and other expenses can be written.

Principle #3: Know the population of respondents, including factors that affect how and whether they will respond—such as literacy level and primary language.

Surveys must be designed and written with the target populations as their focus. In fact, the content and design of survey questions depend wholly on who will be answering them. Two basic considerations are the native language spoken by the target population and their literacy level. Often surveys are distributed only in English, which is inappropriate in many communities. Using the "language" of the early childhood field is important, yet it is equally essential to stay away from jargon. The state of Texas revised its practitioner survey to meet the literacy level of the target population and produced its survey in several languages in response to the diversity of the populations in the state. The professional development team reviewed the survey to determine its readability for the population and concluded that it was written at the level of a second-year undergraduate student. So, the team revised it, and brought it down to a sixth-grade literacy level. Knowing that a significant proportion of the target population did not speak English, the team translated the survey into Spanish and pilot-tested it with a group of Latino practitioners.

The way the survey is presented from the outset will affect how the population surveyed will respond. Therefore,. the survey should have an enthusiastic "word of mouth" reputation that begins a long time before it is administered. Members of the professional development team should talk it up.

In addition, the team should line up the individuals who will write the letter accompanying the survey. Each constituent group should have someone whom they respect sign the letter that will eventually go out with the survey.

Principle #4: Know the size of the population and how many respondents will be needed to produce valid results.

The task of choosing respondents for the survey is one that can appear deceptively simple. After all, why not just design the survey and hand it out to the first group of practitioners found? The problem with that approach, known as convenience sampling, is that it will not provide an accurate representation of the full range of people in the target population for the survey. For example, say a planning group conducting a survey of training needs of all early care and education practitioners in a particular geographic area decides to use convenience sampling. The first 50 people included in the group's pool of respondents consist of 40 staff members of child care centers but only 10 family child care providers. Clearly, this is not a balanced sample of people in the field.

Random sampling is a technique used to create a fully representational group of respondents. A planning group that appropriately uses random sampling starts by identifying, specifically by name, all of the people in the target population. To survey practitioners in all settings (i.e., child care centers, family child care, public school early childhood programs, Head Start, etc.), the planners will need to know the names and addresses of all child care programs and the names of all staff in those programs. State licensing agencies often keep such records. Local child care resource and referral agencies are another potential source of this information.

Once you identify the total number of the target population, you can then go on to determine the sample size and select the sample. For both of these steps—as with all aspects of survey design—it is important to work with someone who has skills and a background in survey research, who can calculate the specific number of respondents needed to provide precise results from the survey, and who can manage the sampling and selection process. The authors can convey only an approximate sense of what is involved in this regard. For further information about selecting a sample see the answer to Question 8 in "Assessing Needs."

Finally, planning groups will need to decide whether to identify subgroups of the target population to make sure that a good distribution of responses comes from all of the different constituencies in the population. For example, when surveying a population that includes people working in different settings (family child care, centers, school-age care), or in rather different roles (classroom staff, program directors), or people who might have different training needs (such as people working with infants and toddlers or whose first language is not English), it might be helpful to break up the sample, or in more technical terms, stratify it, in order to make sure that there are large enough subgroups to analyze the results into these different groups of interest (i.e. you can find out how many people working with infants and toddlers feel a certain way, compared with those who work with preschoolers or school-age children). Again, it is important to have a person knowledgeable about sampling to help design the sample.

Principle #5: Choose an appropriate distribution method for the survey.

We include below a brief overview discussion of various distribution methods for a survey—mail-out, in-person interviews, telephone interviews and group settings—and their advantages and disadvantages (see Figure 1). Regardless of the method, it is imperative for planning groups to know how best to reach their target population. They should decide:

- if a telephone survey is chosen, how might people without phones be reached?
- will a written survey mailed to someone or distributed in a group setting be overwhelming? and
- what incentives can be offered that will most likely increase the rate of response?

In some communities, broad partnerships and co-sponsorships have been used so that every subgroup filling out a survey receives it, along with a letter from someone they know or consider important. There are other methods that can be employed to help assure responses:

- Provide incentives to respondents. Massachusetts recently sent a written provider survey around the state. Anyone who returned the survey was eligible to receive a certificate for $100 worth of free training.
- Send a pre-survey introductory letter to the population of respondents.
- Use known community networks—such as newsletters—to reach prospective respondents.
- Use group administration if it is valid for your purposes (e.g., if you are studying individuals who are involved in a specific class or training program).
- At group events, collect surveys from respondents on the spot.

From the start, a planning group needs to position its survey to be most successful by:

- considering the most appropriate method for the population at hand;
- providing motivation for respondents to get involved; and
- giving respondents a stake in the outcome.

Principle #6: Design a survey instrument that meets the purpose and is appropriate for the population.

The best surveys are not only those that ask the right questions but that are also designed to elicit reliable, valid data from the target population. We present here some guidelines on how to design and structure a survey instrument so that it is inviting, stimulating, and easy for the respondents to answer.

As mentioned in Principle #2, there are a few preliminary steps planning groups can take to begin the design process:

1. *Develop a preliminary design for the survey.*
   Develop a list of priority topic areas, addressing the issues where information is most needed. Use this list as a framework for generating questions. By involving the stakeholders in this step, the needs of different constituencies are sure to be met. Communities have found that if they start by brainstorming questions—rather than using a list of priority topics—they are much more likely to have an unfocused survey. Even with this procedure, though, most survey drafts get too long and priorities must be reaffirmed.

   A research consultant, or the member of the group knowledgeable about research who is responsible for question design, can prepare a preliminary draft, but stakeholders should examine it carefully to ensure that terminology and language being used is appropriate for the target population that will be responding.

2. *Pilot-test a draft survey with a small number of people who represent members of the target population.*

   The state representatives we talked to said that this step should never be overlooked. In New York City, a planning group found it useful to pilot-test a written survey by administering it to a group. Participants were asked to place a check mark next to any questions that were confusing, intrusive, or too complicated. After the participants completed the survey, they went over it again with a representative of the planning group to discuss what worked and what did not. This feedback was brought back to the planning group, which redrafted the survey.

3. *Prepare a budget, accounting for all the elements involved in administering the survey.*

   At this point, the number of people needed to include in the survey sample will be clear, and the distribution method used to reach the respondents will have been chosen—including any plans for follow-up with survey participants to ensure a sufficient number of respondents. The preliminary design of the survey will also be finished, so it will not be difficult to project staffing, telephone, mailing, printing, and data analysis costs.

Figure 2 provides guidelines for developing survey questions, so that they are clear and will produce valid results. Figure 3 shows the results of our analysis of several recently administered surveys by statewide planning groups working on career development issues. We looked at these survey guidelines to get a sense of the kinds of information they would produce and we hope they will help your planning group make key decisions on what you want to know.

Survey Structure

A survey should begin with a brief explanation and instructions—i.e. directions—for answering the questions. Language should be user-friendly. Examples of directions could include:

- listen to each choice before responding (if the survey is administered in an in-person interview or over the telephone); or

- use a pencil, or pen, to circle or fill in answers (on a written questionnaire).

There are two kinds of survey questions: closed-ended questions requiring answers to be selected from defined choices and open-ended in which respondents write in their answers and no choices are provided. While closed-ended questions are clearly easier to tabulate and analyze, open-ended questions can be invaluable for eliciting certain types of information. Provide a sample answer if different types of questions are asked.

Open-ended questions should be asked deliberately, sparingly, and for specific purposes. They are time-consuming to code and analyze, and should be reserved for eliciting responses in situations when the designer either has no basis for predetermined choices or is very interested in avoiding influencing the results by suggesting answers. Open-ended questions can also be used to gain further thoughts on a question, or comments about the survey.

In general, questions in the first part of the survey should ask for basic facts, be close-ended, be easy to answer, and stimulate respondents' interest in continuing to answer the questions. For example, beginning questions on a provider survey might include: What is your current job title? How long have you held this position? How many hours per week do you work at this position?

Questions related to one topical area should always be grouped together, so the respondent can focus on that specific issue. Respondents worry about being identified, so survey instructions should assure people that only the researchers will look at answers and that no one will ever be personally identified. Any questions asking for demographic information—such as ethnicity, native language, gender, age, marital status—should be placed at the end of the survey because they are often perceived as being sensitive. Respondents may or may not want to answer

Figure 1: Survey Distribution Methods

Surveys can be distributed by any of the following methods: mail, in-person interview, telephone, or group event. Each of these methods has advantages and disadvantages, depending upon the audience one is trying to reach, the available resources of time and money, and the purpose or goals of the survey (Rea & Parker, 1992).

Mail surveys are printed questionnaires sent via the postal system to a specific population. Recipients complete the surveys on their own and return them by mail to the researchers.

ADVANTAGES

- Cost savings: less expensive than paying for travel expenses, recruitment, and training of interviewers within a set time frame
- Convenience: completed at respondent's convenience
- Anonymity: no personal contact with researchers; not revealing names assures confidentiality
- Reduced interviewer bias: not subject to the interviewer's voice, misinterpretation, or clerical errors

DISADVANTAGES

- Lower response rate: respondent can easily decide not to complete the survey for a multitude of reasons
- Long time period: weeks can lapse before questionnaires are returned; replacements are time consuming and costly
- Lack of interviewer involvement: unclear questions cannot be explained
- Follow-up: may need to use follow-up steps to get responses (e.g., letters, calls, and additional mailings of surveys)

In-person interviews solicit information directly from the respondent through a face-to-face interview process.

ADVANTAGES

- Flexibility: the respondent can be asked for more detail and unclear questions can be explained
- High response rate: the interviewer can assure that responses are collected immediately and instructions are followed
- Greater complexity: lengthy responses and complex questions can be administered without the respondent feeling intimidated

DISADVANTAGES

- High cost: training of interviewers can be expensive
- Greater stress: the respondent might feel intimidated due to the lack of anonymity and be reluctant to cooperate
- Interviewer bias: the interviewer could bias the question's importance through the use of her or his voice and eyes

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Figure 1 (Continued)

Telephone surveys collect information through the use of a trained interviewer and a selected population.

ADVANTAGES

- Rapid data collection
- Lower cost than in-person interviews
- Large-scale accessibility
- Assurance of following directions

DISADVANTAGES

- High cost: training interviewers and assuring their reliability, more expensive than mailed surveys
- Less control: individuals are able to hang up
- Limits potential respondents: people without phones cannot participate
- Less credibility: respondents cannot see the interviewer and must listen to the interviewer's introduction in order to assess his or her credibility

At group events, such as conferences, classes, or meetings, surveys can be distributed to respondents and collected by researchers immediately after completion. A representative of the research team is present to administer the survey.

demographic questions, but if those questions are placed at the end of the survey, it is more likely they will respond to the other, more substantive questions. Furthermore, if the respondents have become familiar and comfortable with the survey by answering the questions, they may be more likely to answer demographic questions.

Planning groups should analyze the number of questions they plan to ask and the amount of time it would take someone to complete the survey. A general rule of thumb: For a written questionnaire (either mailed out or distributed to participants in a group situation), it should take the respondent 30 minutes or less, including responding to open-ended questions, to answer the survey completely. A telephone or face-to-face interview should take 20 minutes or less.

At the end of the survey, thank the respondent for taking the time to answer the questions. Provide information about how and where to return the completed survey. Also, explain any incentives or rewards the respondent may have earned for completing the survey.

Principle #7: Ensure an optimal response rate.

It is generally important to aim for a response rate to the survey of about 65-75% in order to ensure that the responses represent a valid sample. One informant we spoke with said these percentages were an optimal goal, but a rate of 40-50% is usually attained. If, however, the response rate falls below 50%, an analysis of the non-respondents should be under-

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taken to see if the people who filled out the survey differ from those who did not respond (and to take a hard look at the differences between the two groups). Definitive statements about a target population should not be made on surveys where there is less than a 50% response rate.

When doing a mail survey, it may be necessary to follow up with respondents using one or more of these steps:

- Code your surveys with numbers to help you know who has responded. Write these identifying numbers next to names on your list of who received surveys. To ensure confidentiality, make sure it is the researcher with no knowledge or interest in the identity of respondents who keeps the list, not you.
- About 10 days after surveys have been mailed, send a post card to those in the sample population

Figure 2

Developing a Survey: The Best Ways to Ask Questions

1. Design questions by first asking: Why do we want to know this? The answer to this question should relate directly to the purpose of the survey.
2. Review sample questions from various survey instruments designed by other groups, keeping in mind that the context, target population, and purpose of those groups may be very different from yours. Use other surveys as models and guidelines, not to copy.
3. Be simple, straightforward, and to the point. For example, avoid using language such as "on a regular basis" when asking about respondent activity. Instead, it is best to offer choices of specific periods of time.
4. Avoid highly technical words or phrases.
5. Be careful with the use of words that elicit emotional responses such as prejudicial language, slang, or words one may perceive as hostile.
6. Be aware that italics, boldface, and underlining can make one question look more important than another.
7. Check for question clarity, comprehensiveness, and acceptability.
8. Leave plenty of white space on the page for respondents to answer the question. The way a survey looks to a respondent will determine the length of his or her response.
9. Focus factual questions, as much as possible, on the present and recent past. Don't expect a respondent to remember, for example, the exact date she or he took a workshop many years ago.
10. Leave ample room at the end of the survey for comments from respondents on the instrument itself and other thoughts and information not asked for in the questions.

(Rea & Parker, 1992; Sudman & Bradburn, 1982)

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Figure 3

Data Gathering on Career Development and Training: Some Specific Information to Consider

The list below outlines types of information that can be collected that might be considered specific to policy work on training and career development. Examining surveys from other communities that have produced reliable, valid data on similar topics is a helpful starting point. Listed below is information sought from surveys developed by our Center; the Families and Work Institute with a New York City planning group; and the states of Delaware, Massachusetts, Oklahoma, and Texas.

SURVEYING PRACTITIONERS:

Education: level of education; amount of training in early childhood education; current enrollment in training; goals for continuing their education; reasons for continuing their education; barriers encountered when seeking training; feelings about the quality of the training they have taken.

Training needs: topics training should cover; level of training needed: entry-level, intermediate, advanced; when and where training should be offered so it is accessible; helpfulness of training program staff; awareness of training opportunities in their communities; formats for training that meet their needs (i.e., intensive weekend classes or week-long seminars); the most interesting part of the training they are involved in.

Work experience: settings in which they have worked; age groups of children with which they have worked; job titles they have held; length of employment; view of their jobs; membership in professional organizations.

Program where employed: incentives for further training; benefits provided to employees; training opportunities for staff; staff performance appraisals; staff meetings; topics discussed at staff meetings; number of children in the program; age groups of the children in the program; type of program: child care center, family child care, Head Start, etc.; program's hours of operation; fees paid by the parents; fee payment schedule.

Future plans: feelings about working with young children; plans to remain in the field; reasons for remaining in the field; plans to leave the field; reasons for leaving the field; barriers they expect to face when seeking further training; plans to enter a college degree program in the future.

Demographics: respondent's age, gender, number and age of children, race/ethnicity, income, native language, household income, marital status, spouse/partner occupation, earned income from working in child care.

SURVEYING TRAINING PROGRAMS:

Training project information: duration of the program; start and end dates for participants; topics covered in the training (e.g., child development, curriculum development, health and safety); training techniques used (e.g., mentoring, hands-on experience); levels of training offered: entry-level, intermediate, or advanced; types of practitioners served e.g., center teachers, center directors, family child care providers); availability of college credit for the training; amount of credit; support services available for the participants; methods used to recruit participants; requirements to enter the program; screening methods for entry into the program; availability of financial aid.

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who have not yet responded. A second copy of the survey can be mailed to those people at this time.

- After another 10 days, send another letter to those not responding, stressing the importance of their participation. The letter should be signed by an individual who is known and respected by respondents; a third copy of the survey may be sent at this time.

- After another 10 days, it may be decided that conducting a phone interview with remaining non-respondents would be useful, especially if the response rate is lower than 50%. This is one of the contingencies that needs to be planned for in budgeting.

Principle #8: Define how the survey information will be analyzed.

The approach used to analyze the information obtained through a survey may vary according to several key considerations:

- How many surveys were received?

- How many pieces of information were obtained on each survey?

- What resources are available to analyze the information?

If only a small number of surveys are available for analysis, or if the survey is fairly short in length, a simple tabulation of the answers to the questions may suffice.

In addition to tabulating all answers for the total group, it can be very useful to compare the answers of subgroups of other people who also completed the survey. For example, you may want to explore the answers to questions such as: Do family child care providers have different needs or choices than center-based practitioners? Do more experienced practitioners express different wants and needs than people who are newer to the field? Are there differences in responses from practitioners who live in different parts of the state, or in urban versus rural areas?

It will be necessary to follow three key steps if the sample size of the population surveyed is several hundred people or if the survey has 20 or more questions:

- Code the responses into a computer data base.

- Secure access to a computer software program that can tabulate the data and perform other kinds of formal statistical analysis.

- Produce a formal analysis of the data, including statistical significance, which will become the basis for a report and policy recommendations.

One of the advantages to organizing survey data in a data base is that it can become "baseline" information and serve as a comparison point for future repetitions of the same survey, or for comparison with data from other surveys.

Unless you have data analysis expertise available, it may be helpful to contract out the analysis. This will be successful only to the extent that there is a clear plan for analyzing the data. You may, for example, begin by running frequencies (the number and percentages of individuals who respond to each data point). Then you may want to run cross-tabulations (the number and percentage of subgroups responding to each data point and the statistical significance of the differences in their responses). For a more sophisticated analysis, you may want to perform regression analysis—that is, examine the significant predictors of a specific outcome (e.g., which subgroups of providers are most likely to want to continue their career development).

Principle # 9: Write up your findings in a compelling way.

This is a more important step in conducting a survey for state or community planning in career development than many realize. Because planners spend so much time ensuring that each and every detail of their survey is worded exactly right—and are so fascinated by the survey findings—they tend to share everything they learn. But this results in swamping the audience with data, without giving overall meaning to the findings.

As you identify findings, ask yourself "So what? Why does this matter? To whom does it matter?" Also it is helpful to remember that data tells a story and to look for the story that your findings reveal. Some planners have found it useful to group the results into Finding One, Finding Two, etc.

Often the results of the survey will come as no surprise. They may confirm the planning group's original assumptions about the target population or provide facts to prove a theory. However, it is also possible that survey results will be unexpected and, at times, exciting. For example, the 1994 survey of practitioners conducted in Massachusetts set out to find where gaps in training existed, what training practitioners needed, and salary information. The researchers discovered that, for most practitioners, cost was the major barrier to obtaining additional training. This sparked the Massachusetts Office for Children to eliminate a fee that was being charged practitioners so that they could be certified and qualified under state licensing regulations.

When presenting findings in a report, a press conference, or a presentation, remember that less is more. Prepare tables, pie charts, and graphs to provide a visual depiction. When using these graphic illustrations, you need not repeat the same findings in the text. Format should be somewhat varied for easy understanding. Bullets and paragraphs of text can both be used. Planners have also found that pages should have ample margins and attractive layouts so that they appeal to the reader's eye.

Trying out a presentation and obtaining peer review on the results will help clarify communication. When presenting the findings, be ready to state the three main results. Knowing what is most important helps convey the messages intended.

After working so hard on a survey, ensure that the findings reach the right audiences. Among the vehicles used for dissemination are: briefings to funders; presentations to legislative staff; and conference presentations. An executive summary or one-page presentation of the findings can also be mailed to target population groups. It is important to put as much energy into disseminating the survey results as you put into designing the survey.

Conclusion

Knowledge is power. There is nothing more powerful when effecting policy change than hard facts and information gathered from and about target populations. Armed with knowledge of the available training for practitioners and what practitioners need and want from training, a planning group has the power to make change happen.

Designing and conducting surveys and disseminating the results involves much thought, planning, and commitment on the part of planning groups. We have heard time and again from our informants that every part of the process described in this piece must be thoroughly discussed and implemented in order for planning groups to attain their desired results. The heavy investment of time, funds, and other resources dictates that survey development and design be approached in a thoughtful, painstaking fashion. Rushing or skipping steps can derail or slow the progress of a group's efforts.

Note

[1] The Center for Career Development in Early Care and Education uses the term "training" generically to cover all specialized preparation for work in early care and education, from non-credit workshops and vocational education, to all levels of higher education degrees.

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Childhood Care and Education
Data Project

A Collaborative Organization
Providing Accurate Information to Oregon Decision Makers
Memorandum of Collaboration
1994-1996

PURPOSE STATEMENT: To assure that basic information about childhood care and education in Oregon is current, accurate and available on the local, regional and state level and accessible to all decision makers.

GUIDING PRINCIPLES: The organizations participating in this collaboration share a belief in the following principles:

- childhood care and education is a multi-faceted system. Its ability to serve children, families and communities is dependent upon decisions made by many sectors of the community and state.
- no single organization has the complete set of information necessary to adequately guide decision making.
- data collection and analysis must be informed by good research principles.
- data collection needs to be driven by a limited set of evaluative questions that are most relevant to decision making.
- there is a direct link between the quality of information available to decision makers and the efficacy of outcomes.
- data needs to be reported and disseminated in formats usable to a wide range of decision makers in order to improve the lives of children and families.
- decision making informed by good data is essential to effective use of limited resources.
- data reports drawn from conflicting or uncoordinated sources can fragment efforts and diminish the effectiveness of limited resources.

COMMITMENT

Through membership in this collaborative project, ________________ recognizes that it benefits from:

In return, ___________________________ agrees to:

Date: __________ Name: ________________________
Title: ______________________________________
This commitment is subject to renewal in July of 1996.

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Meeting Questionnaire

Please answer the following questions about the meeting you just participated in.

Name of Committee

Date of Meeting

1. How clear were the goals from the agenda of this meeting to you? (circle one)

Poor (e.g., unclear, diffuse, conflicting, unacceptable)	Fair	Satisfactory (e.g., moderately clear, shared by some)	Good	Excellent (e.g., clear, shared by all, endorsed with enthusiasm)
1	2	3	4	5

Please provide additional comments to explain your answer:

2. What was your general level of participation in this meeting? (circle one)

Poor (e.g., was bored or distracted, low verbal participation)	Fair	Satisfactory (e.g., paid attention about half the time)	Good	Excellent (e.g., paid attention, participated in the discussion)
1	2	3	4	5

Please provide additional comments to explain your answer:

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3. Who chaired the meeting? (Put an X in the appropriate space)

No one

Consultant

Staff

Committee Member

Chairperson or Co-Chairpersons

Other

4. What was the leadership like in this meeting? (circle one)

Poor (e.g., group need for leadership not met)	Fair	Satisfactory (e.g., some direction was provided)	Good	Excellent (e.g., a clear sense of direction was provided)
1	2	3	4	5

Please provide additional comments to explain your answer:

5. What was the quality of the decision making at this meeting? (circle one)

Poor (e.g., decisions were dominated by few members)	Fair	Satisfactory (e.g., about half the members present participated)	Good	Excellent (e.g., everyone took part in decision making)
1	2	3	4	5

Please provide additional comments to explain your answer:

6. What was the cohesiveness among the members at this meeting? (circle one)

Poor (e.g., antagonistic towards each other)	Fair	Satisfactory (e.g., moderate amount of trust present)	Good	Excellent (e.g., members trusted and worked well with each other)
1	2	3	4	5

Please provide additional comments to explain your answer:

7. Was there conflict present at this meeting?

NO

YES (please describe)

8a. If there was conflict present, was the conflict resolved?

NO

YES

8b. If the conflict was not resolved, please check why

Conflict avoided, not discussed

Members argued with one another

Other (please specify)

9. How well was this meeting organized? (circle one)

Poor (e.g., chaotic, poorly organized)	Fair	Satisfactory (e.g., moderately well organized, some confusion)	Good	Excellent (e.g., well organized, all went smoothly)
1	2	3	4	5

Please provide additional comments to explain your answer:

10. How productive was this meeting? (circle one)

Poor (e.g., not much accomplished, wasted too much time)	Fair	Satisfactory (e.g., accomplished a moderate amount, some time wasted)	Good	Excellent (e.g., much accomplished, good use of time)
1	2	3	4	5

Please provide additional comments to explain your answer:

What could have been done to make this meeting more effective:

Please provide any additional comments you would like to make about this meeting:

Sample Questions From a Survey of Early Care and Education Practitioners

Your Job

1. What is your current job?

1. Family child care provider
2. Group Family Child Care Provider
3. Principal
4. Assistant Principal
5. Executive Director
6. Director
7. Education Director/Supervisor
8. Assistant Director
9. Teacher/Director
10. Head teacher (lead teacher)
11. Teacher
12. Assistant teacher/teacher assistant/educational paraprofessional
13. Paraprofessional (out of classroom)
14. Teacher aide/infant care aide
15. Family worker
16. Other *(please describe):*

---

2. What are the ages of children with whom you personally work? *(Please circle all that apply.)*

1. Birth through 11 months
2. 12 months through 23 months
3. 24 months through 35 months
4. Three year olds
5. Four year olds
6. Five year olds
7. Six to nine year olds
8. Not applicable, I don't directly work with children.

3. Your work schedule: *(Please fill in the blanks.)*

a. I begin work at ______ a.m. or p.m.; I end work at ______ a.m. or p.m. *(Please circle a.m. or p.m. as appropriate.)*
b. I am scheduled to work ______ hours each day.
c. I work ______ days each week.
d. This is considered: full-time part-time *(Please circle one.)*
e. I typically work ______ extra hours a day (for example, staying late, taking work home, meetings, home visits).
f. These extra hours are: paid unpaid *(Please circle one.)*

Source: Families and Work Institute

4. How long have you worked in the early childhood/school-age field?

1. Less than one year
2. 1 year
3. 2–4 years
4. 5–9 years
5. 1–20 years
6. More than 20 years

5. How long have you been in your current position?

1. Less than one year
2. 1 year
3. 2–4 years
4. 5–9 years
5. 10–20 years
6. More than 20 years

6. Did you have other early childhood/school-age positions before this one?

1. No
2. Yes

Your Education

7. What is the highest level of education you have completed?

1. Some high school
2. High school diploma
3. GED
4. Some college (no degree)
5. AA or AS degree
6. BA or BS degree
7. MA or MS degree
8. Ph.D. or Ed.D. degree

8. In the education you've completed, did you concentrate on any of the following? *(Please circle all that apply.)*

1. Early childhood education
2. Early childhood special education
3. Elementary education
4. Elementary special education
5. Bilingual early childhood education
6. Bilingual elementary education
7. Other *(please describe):*

____

9. Do you have a Child Development Associate (CDA) credential?

1. No
2. Yes
3. In process

10. Are you currently enrolled in a degree or credential program?

1. No
2. Yes

IF YES, PLEASE ANSWER THE FOLLOWING BOXED QUESTIONS:

10a. What degree or credential program are you enrolled in?

1. GED
2. Child Development Associate
3. AA or AS degree program
4. BA or BS degree program
5. MA or MS degree program
6. Ph.D. or Ed.D. degree program

10b. What program are you taking?

1. Early childhood education
2. Early childhood special education
3. Elementary education
4. Elementary special education
5. Bilingual early childhood education
6. Bilingual elementary education
7. Other *(please describe):* ______________________

10c. If you are not studying in an educational field, please comment on why not:

____

______________________________ *(Please go to question 11.)*

10d. Who is paying for this? *(Please circle all that apply.)*

1. Myself
2. My parents/husband or wife/other relatives
3. Scholarship
4. Loan
5. Union benefit
6. My employer
7. College work study job
8. Other *(please describe):* ______________________

10e. Do you plan to continue your education after you have finished this program?

1. No
2. Yes

10f. Will you attend a program in the education field?

1. No
2. Yes

11. Answer the following question only if you are not currently in a degree or credential program. Do you plan to go to school to a degree-granting or credential program?

1. No
2. Yes. *(Please go to 11a)*

11a. IF YES, will you attend a program in the education field?

1. No
2. Yes

12. What are the two most important reasons you are in school or would like to go back to school? *(Please put a "1" by the most important reason and a "2" by the second most important reason.)*

_______ 1. Required by my job
_______ 2. Encouraged by my colleagues at work
_______ 3. Encouraged by my family
_______ 4. Want to learn more/ want to gain more skills
_______ 5. Want to change fields
_______ 6. Want to advance in this field
_______ 7. Want to be able to earn more money
_______ 8. Want to be more of a professional
_______ 9. Want to meet others in the field
_______ 10. Other *(please describe)*:
____

13. What are the two biggest problems with being in school or with going back to school?
(Please put a "1" by the biggest problem and a "2" by the second biggest problem.)

______ 1. Demands of my job
______ 2. Not enough time to study
______ 3. Cost
______ 4. Don't want to give up family time
______ 5. I have an outstanding loan
______ 6. Family obligations (difficulty in obtaining child care/elder care etc.)
______ 7. Added stress
______ 8. Inconvenient hours of courses
______ 9. English is not my primary language
______ 10. Not enough good programs
______ 11. Finding the right program
______ 12. Locations not convenient
______ 13. Doesn't increase my earnings
______ 14. Doesn't advance my career
______ 15. Other *(please describe)*: ______________________________

Your Future

14. How do you feel about working in the early childhood/school-age field?

1. My chosen occupation
2. A stepping stone to related work
3. Temporary employment
4. Other *(please describe)*:

____

____

15. How long do you plan to remain in this field?

1. Less than a year
2. 1–2 years
3. 3–5 years
4. 6–10 years
5. Until retirement

16. If you plan to stay in this field, why? *(Please circle as many as apply and then answer 16a.)*

1. I like working with children
2. Job security
3. Good pay and benefits
4. Chance for advancement
5. The feeling my work is making a difference
6. The feeling of being my own boss
7. Relationships with co-workers
8. Work schedule/vacation
9. Opportunity to be creative
10. Other *(please describe):*

____

16a. What job do you see yourself as having next?

1. Family child care provider
2. Assistant Principal
3. Principal
4. Executive Director
5. Director
6. Education Director/Supervisor
7. Assistant Director
8. Teacher/Director
9. Head teacher (lead teacher)
10. Teacher
11. Assistant teacher/teacher assistant/educational paraprofessional
12. Paraprofessional (out of classroom)
13. Teacher aide/infant care aide
14. Family worker
15. Other *(please describe):*

____

____

17. If you plan to leave this field, why? *(Please circle as many as apply and then answer 17a.)*

1. I want more money
2. I want better benefits
3. I want more respect
4. I want a change
5. I feel burned out
6. I have become interested in another field
7. Other *(please describe):*

____

17a. Is there anything that would change your mind about leaving?

1. No
2. Yes
3. Possibly

Please comment:

____

Thank you very much for your help. We appreciate the time and effort you have given to this.

Questions from: **West Virginia Social Indicators Survey, 1995**

1. You mentioned that the youngest child in your household is (___) years of age. The next few questions concern child care arrangements for this child. Excluding time at school, but including time at pre-school programs, does someone other than a household member take care of this child for five or more hours per week?

   Yes

   No

2. Is this child cared for in the home, at someone else's home, at a child care center, at a nursery school or preschool, or does (he/she) participate in an after school program? *(If child is cared for in multiple places, ask where child spends the most time.)*

   At home

   Someone else's home

   Child care center

   Nursery school or preschool

   After school program

3. In this child care setting, is this child cared for by a relative, a non-relative, or does (he/she) care for (him/her) self?

   Relative

   Non-relative

   Self

4. How many hours per week does this child usually spend in this main child care arrangement?

   ___hours ___minutes

5. How much does your household pay per week for this child care arrangement? *(If respondent answers in terms of pay per hour, pay per day, or pay per month, record full response and continue.)*

6. Including the youngest child, how many children in your household receive some type of care from someone other than a household member for 5 or more hours per week? *(This includes time spent in pre-school programs or after-school programs, but not regular school time.)*

7. How much does your household pay per week for all types of care used by all of these children?

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Chapter 3

Mobilizing the Voice of Parents

Parents are the best advocates for their own children and families and have the potential of being good advocates for all children. Parents know their children best. They know their families' strengths and they know in what areas their families need support.

We also need to focus on families because as the experience of Head Start has shown, when communities create systems that are responsive to "customers", those systems are more likely to be durable. It is hard for legislators to take away early childhood services when families—voters—advocate strongly for their continued existence.

And yet, families' voices often go unheard. Parents' potential as agents of change too often goes unrealized. This is not because they don't have anything of value to say. Rather it is due to the fact that parents often lack the advocacy skills and opportunities to share their experiences, lessons learned, and concerns. Largely unorganized—with the exception of parents of special needs children—parents are diverse and represent every ethnic, economic, professional and geographic category. They do not see themselves as and are not a single constituency.

The reality is parents and families—more than anyone else—have the motivation and commitment needed to improve the lives of their children. What they often do not have is the knowledge about how they can play an active role in improving their children's and our nation's programs and early care and education system. Indeed many parents are not even aware that they have a right to be part of the process while others may simply need support to realize their potential as advocates.

To make communities as strong as they can be, parents need to be empowered to speak out and to be included as respected, legitimate partners in planning and implementing strategies for change. Professionals need to speak with parents instead of for them. In the words of Karen Chester, Executive Director, North Carolina Interagency Coordinating Council, "When parents value professionals' opinions, and professionals value the input of parents, they come together at eye level, and wonderful things can happen."

Families' experiences and dreams should drive your vision. For example, do you know what programs and services the parents of young children in your community use? Is it the same array that they would select if they could create a system that accommodated their needs? What would their system be like?

(Editor's Note: *Throughout the rest of this chapter, we are going to use the words "parents" and "families" interchangeably. Please know we are aware that there are many other primary caregivers of young children besides parents and they are included when we use the words "parents" and "families."*)

Approaches to Mobilizing the Voice of Parents

Learning what other communities are doing can give you ideas for what you want to do in your own community. In this section, we are going to take an in-depth look at four approaches to mobilizing the voice of parents and share examples of initiatives illustrating each.

❶ Select and train parents with leadership potential. The Parent Leadership Training Institute (PLTI) in Hartford, Connecticut is an example of an initiative that has implemented this approach.

❷ Train parents within specific organizations to become leaders. The Right Question Project (RQP) in Boston, Massachusetts exemplifies this approach.

❸ Create an advocacy parent organization devoted to child care as Parents United For Child Care (PUCC) in Boston, Massachusetts has done.

❹ Use community organizing techniques to mobilize parents' voices, as Texas Interfaith Education Fund and the Texas Industrial Areas Foundation based in Austin, Texas have done in working primarily with families of school-age children.

We also will highlight Early Childhood PTAs and The Continuity for Success Partnership Program, two initiatives of the National PTA; the North Carolina Interagency Coordinating Council for Children Ages Birth to Five with Disabilities and their Families (NC-ICC); and Parent Voices in California. Each of these initiatives are working to mobilize the voice of parents.

As you read about these initiatives and think about how you can apply lessons learned to your work, consider that there are typically two ways of involving parents. In the first, parents are mobilized around a set agenda. In the second, parents are trained and empowered to advocate for and set their own agenda.

APPROACH 1

Training Individual Parents Within Communities

The Parent Leadership Training Institute

Hartford, Connecticut

Developed in 1993 by Connecticut's Commission on Children in partnership with the American Leadership Foundation and the Leadership of Greater Hartford, the Parent Leadership Training Institute (PLTI) is a nine month training course specifically designed for individuals who show signs of leadership potential. The program is a significant component of the Commission's School Readiness Initiative. It is offered yearly to 25 parents in diverse Connecticut towns. To date, Hartford, New London, Groton and Norwich have PLTI programs. Programs in Windham and Stanford will start up shortly. The course meets weekly from 6:00 p.m. to 9:00 p.m.

The PLTI course has two parts: the first focusing on parent leadership and the second on the development of political skills in which parents design a children's agenda and family agenda for the state. Parents also participate in a practicum giving them the opportunity to practice what they have learned in their communities.

PLTI teachers work with parents to develop their skills in the following areas: defining personal and community needs, working effectively with and celebrating racial and cultural diversity, defining problems and strategizing toward solutions, public speaking, using the media, understanding child and family data, evaluating programs, and understanding their own personal history and its impact on their self-image and empowerment.

Teaching staff are hired based on a rigorous interview that among other inquiries, explores their level of commitment to teaching a curriculum based on what parents say they need as opposed to what professionals or policymakers believe parents need. The teachers then became responsible for designing all the details of the curriculum guidelines and goals. Some PLTI graduates have been hired as program coordinators and trainers.

Mission

The mission of the PLTI is to enable parents to become leading advocates for children. The PLTI teaches them how to become agents for change for the next generation. The PLTI also works with outside programs and initiatives to facilitate attitudinal change toward parents and to help design system reform for significant parent involvement.

Funding

The Surdna Foundation and the Hasbro Foundation are financing a statewide expansion to help towns replicate the model. The United Way of the Capitol Region offers funds for parents to practice their civics skills after graduation. The Hunter Grubb foundation supports individual parents. Corporate partners include the Perkin Elmer Corporation, Aetna, Travellers, ITT Hartford and Hartford Steam Boiler. The state of Connecticut offers in-kind support. The St. Francis Hospital provides in-kind services such as space in the hospital, on-site child care, meals and parking. The PLTI raises $10,000 for each nine-month class to cover expenses.

History

As a part of the Commission on Children's state planning for a school readiness campaign, staff from the Commission conducted focus groups throughout the state to discover if parents were interested in changing policy. The goal was to listen, not talk policy jargon. In group after group, across the lines of educational background, socio-economic class, race, and gender, parents expressed an interest in changing policy, but said they did not see themselves as a constituency. They did not feel angry or frustrated about being left out. Indeed, many of the parents had the desire and skills to be leaders, but did not see themselves as social change agents and did not have the supports for empowerment. In response to these findings, the Commission developed the concept of a leadership institute for parents.

Following a national search, the Commission found 15 programs that were actually offering parent leadership training. In order to identify the core components of parent leadership training, the Commission asked representatives from each of these programs to complete a questionnaire. The Commission also conducted another set of focus groups with parents to find out if they were interested in participating in parent leadership training. Parents responded enthusiastically.

Executive Director, Elaine Zimmerman recalls:

> The focus groups revealed that parents, particularly low-income parents, often felt that traditional 'parent education' was racist and condescending. These parents did not want to be told how to be a parent. They were not looking for parent education. Instead they were seeking the opportunity for skill building, the understanding of democracy issues, respect, and the self confidence an individual needs to try to improve the lives of his/her own children and the families in his/her community.

Suggestions parents made regarding the specific skills they wanted to develop evolved into the curriculum for the Parent Leadership Institute.

Points of Accomplishment

During the past four years, a total of 145 parents have been trained in the PLTI program. Class members have reflected their communities' racial, cultural and gender diversity.

Preliminary results from a longitudinal evaluation of the program show that 85 percent of the parents who participate in the program become deeply active in children's issues at the local and state level. Aida Morales, a graduate now working to coordinate PLTI is one such parent. As she explains:

> When part of a classroom roof collapsed in a local school, we were asked to evacuate and go into double sessions. Children's schedules were disrupted. No one seemed to be taking steps to get parents information about when the roof would be repaired and normal scheduling would be resumed. At PLTI, I had learned about 'city politics.' As a result I found two ordinances in the City Charter that outlined steps the community needed to take in this emergency situation. I shared these with the City Council and the situation was dealt with promptly.

Challenges

- Raising $10,000 annually for each program. The PLTI, however, does not allow fund raising to delay beginning each nine-month course on schedule. Elaine Zimmerman says, "If you wait to secure all the funds to make something happen, windows of opportunity are wasted." To staffers in programs and initiatives with a track record of fundraising, she advises, "When you have the smallest opportunity to do this work, DO IT. If we wait for opportunity and grant money, nothing will ever get done... Grab the moment—then, worry about the money."

- Overcoming the fact that some people do not truly wish to promote equity and access to civics among parents. Parent leadership silhouettes democracy and participation in all forms of governance. Some people like and prefer the status quo.

- Impacting the attitude of agencies. Agencies sometimes have difficulty understanding parent leadership as parent-driven rather than agency or agenda driven. Parent leadership training does not work if there is a forced agenda or institutional purpose for leadership skills development. It only works when parents select what they wish to do with their skills.

Advice

- Use everyday language. Do not overwhelm parents with policy and professional jargon.

- Involve parents in genuine ways. Link parent participation to real change and to policy. Parents know when they are not truly respected and valued and will leave.

- Avoid developing hierarchies. Hierarchies are intimidating.

- Value values. Don't be afraid to develop an environment that discusses and respects values.

- Don't be afraid of religion. When appropriate, use religion as a resource from which to reach parents.

- Whenever possible, create a system in which parents mentor parents.

- Use a cross-class, cross-race approach. Parents becoming leaders is not an inner-city problem but a national gap in citizen participation.

- Involve fathers.

- Encourage parents to share their stories, memories, and dreams. They have the power to heal and inspire hope.

Next Steps

The PLTI is pursuing funding to become a national model for parent leadership training. In addition, PLTI is in the process of developing an institutionalized "train the trainers" program.

Resources Available

A description of the mission, structure, values and curriculum is available. States interested in replicating the model are offered an annual three day training with a comprehensive curriculum for teachers and parents.

Contact

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APPROACH 2

Training Leaders Within Organizations

The Right Question Project

Boston, Massachusetts

The Right Question Project (RQP) is a national initiative that works with parent leaders, school staff and representatives of community organizations to lead workshops that enable parent participants to formulate their own questions. "The ability to know how and to whom to ask questions is a tool that enables parents to advocate for themselves and participate fully in public processes that affect them," says Dan Rothstein, RQP executive director.

RQP contracts with organizations to train interested members within those organizations on how to lead workshops using the RQP curriculum. Through the training, participants learn to see themselves as advocates. They also learn to develop other parent advocates and leaders within their organizations and communities.

This curriculum is designed to engage parents in the most important intellectual process someone can experience: "formulating their own questions," says Rothstein. RQP developed the following conceptual framework to illustrate the process of preparation for effective advocacy:

1. Develop AWARENESS of the decision making process.

2. Help people PAY ATTENTION to the decision making process.

3. Help people GATHER INFORMATION about the decision making process (how, where, when).

4. After developing some experience about the decision making process, people are ready to MONITOR the process and to look for certain things.

5. Then, people are prepared to determine what kind of ACTION to take, from voting to joining an organized effort.

The basic series of four one-and one-half hour RQP workshops allow parents to practice asking questions. The questions below launch the activities and discussion of each of the sessions:

1. What is my child learning?

2. What does my child need to be learning?

3. Is the teacher teaching what my child needs to be learning? Is my child learning whats she or he needs to learn?

4. If no, what do I do? If yes, what else can I do to help him/her succeed? What are the resources in the community that can be helpful to me?

Wrestling with these questions inevitably leads the group to asking further questions. These hone their thinking, communication, and analytical skills. For example, a discussion of "What is my child learning?" might lead to "What is my child learning within math? How good is the math book? Is the same one being used as in other towns? Will my child be able to compete in another school?"

Parents work in small groups to create an environment in which they feel safe to begin expressing themselves. Groups work together to prioritize and cull their questions to the three that they see as most important. Eventually, they arrive at a plan of inquiry that will get the information they need to advocate for improvements. Then, they prepare an explanation for the entire training group that justifies how the three questions chosen will get them information they need in order to take action.

In the extended RQP training program (as determined by the needs of the organization), participants then apply RQP strategy to the specific needs of their communities and programs. They then design strategies to increase the participation of people who traditionally have been removed from decision making processes.

There are five RQP staff members, including the executive director, the director of planning, two trainers, and an office manager.

Mission

RQP would like to prepare as many parents as possible to be actively involved in their children's education by evaluating what their children are learning, questioning the extent to which their child will be equipped to contribute to society, and feeling that they are active participants in the democratic process.

Dan Rothstein explains,

> We have learned that if people do not have experience in formulating their own questions, it is far more difficult for them to learn to advocate for themselves. Democracy begins with questions...questions about how decisions are made, who makes them, and how we can take part in making the decisions that affect our families.

Funding

RQP's annual budget is $300,000. RQP training is subsidized by foundations and partially funded by contracts with organizations. RQP receives major support from the DeWitt-Wallace Reader's Digest Fund, as well as support from NYNEX and the Zell Family Foundation. The subsidized rates for RQP trainings range from $4,500 to $10,000, depending on how much consulting and technical assistance is needed over time.

If an organization cannot pay for RQP's training, RQP will make an agreement that in return for RQP training, the organization will try to find funding to ensure greater participation by parents. This includes, for example, offering free child care, transportation and stipends when possible.

RQP also encourages participating organizations to offer bonuses to parents as incentive to continue to train other parents and asks that the organization cover the cost of refreshments for future workshop participants.

History

Founded in 1990, RQP targeted its first workshops in the Boston area toward low-income Latino families who did not have other access to parent support groups. The intent was to increase parent involvement in Boston's community programs. They found that parents had a strong desire to get involved in their child's education, but did not know how to ask the questions that would facilitate their advocating for their children. The founding RQP facilitators worked with the participants in their workshops to distill the set of four questions that are the foundation of the RQP curriculum.

Points of Accomplishment

Hundreds of people have been trained by RQP staff to facilitate training workshops, and through a ripple effect, hundreds more have been impacted. "RQP training often leads to a surge of parent leaders within each of the organizations we work with," says Ana Rodriguez, RQP Education Director and Senior Trainer. She remembers one participant who experienced a total transformation. Ana Rodriguez describes her:

> She changed her hair style and improved her wardrobe and began to present herself as confident and attractive. There was such an increase in her self-esteem, she was hardly recognizable. She was not afraid to be vocal. She became involved in city council, school committees, and public speaking. She changed everything so dramatically as a result of the training.

Challenges

- Overcoming parents' fear of retaliation. Ana Rodriguez explains, "Parents fear retaliation by providers, teachers and administrators for asking questions. RQP tries to challenge this fear by asking what parents are risking for their children by not asking the right questions, like "What if the result of your silence is your child's inability to read or write?"

- Addressing barriers to participation. These include the lack of time and stresses parents face when they work two or three jobs and have stressful living circumstances such as domestic abuse, neighborhood violence and drugs. Lack of self-esteem and apathy also stand in the way of parents participating in the course and becoming empowered.

Next Steps

RQP plans to continue raising funds for the project and increase the number of participants in its workshops. In addition, RQP hopes to become a national model.

Advice

Dan Rothstein and Ana Rodriquez offer this advice:

- Be committed to having parents as an integral part of the decision making process. To be effective, facilitators in parent empowerment programs have to want to see parents coming to meetings and look forward to parents beginning to be vocal in expressing themselves. The facilitators also have to be willing to continue working with parents over time within their organizations and in their communities.

- Encourage organizations to provide funds for training and resources to provide opportunities for participants to work with other parents. By doing this, parents can help assure other parents experience the benefits of empowerment.

Resources Available

RQP has a number of resources describing the philosophy behind their approach to parent empowerment and providing more detail about the training program curriculum.

Contact

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APPROACH 3

Creating an Organization for Parent Leaders

Parents United for Child Care

Boston, Massachusetts

Founded in Boston in 1987, Parents United for Child Care (PUCC) is a constituency based, grassroots organization of low- and moderate-income people dedicated to expanding the availability of affordable, quality child care in Massachusetts and providing a parent voice on public policy issues related to families and children. Having grown to 1,700 members, PUCC provides a community organizing vehicle for empowering parents to use their advocacy and leadership skills to promote a child care system that meets the needs of its consumers.

Grounded in the philosophy that it is essential to reach parents where they are and give parents a voice in informing the community and its law makers about what families need, workshop curricula and presentations are designed by PUCC staff and parents together. Workshops are designed to help parents better understand various public policy issues. Skills that are promoted include how to run an effective meeting, how to coordinate meetings with a state legislature, preparing testimony for town meetings and lobbying. These skills are clearly transferable to non-child care related issues.

Currently, PUCC's work is centered around three efforts and/or issue campaigns: expanding school-age child care through the BSACCP (Boston School-Age Child Care Project) and MOST (Making the Most of Out-of-School Time) and a nationally-funded initiative of the Dewitt Wallace Reader's Digest Fund; a neighborhood organizing initiative to engage parents in grassroots efforts to expand and improve child care in five Boston neighborhoods; and through its Parents' Agenda Project which is developing a local and statewide campaign to increase access to quality child care for low-income families.

An elected 22 member board of directors which reflects the diversity of Boston's parent constituency is responsible for setting issue priorities and determining PUCC's organizing strategies. PUCC has 13 full time staff members who manage the organization, implement issue campaigns, and oversee specific projects.

Mission

According to the organization's literature:

> PUCC believes that parents are the best advocates for their children and their families. By working together locally, parents can meet other parents like themselves and end the isolation they feel when they do not receive the quality care for their children at a cost they can afford. By working together across the state, [parents] can fight for changes in government and at the workplace which can make the system work for all of us.

Funding

PUCC's annual budget is $1.5 million which includes funds for Affordability and Model Program Grants to out-of-school time programs as part of the Boston School-Age Child Care Project. Funds are obtained by membership dues and grassroots fundraising (both totaling between $5,000 and $10,000 per year), public dollars associated with the Boston School Age Child Care Project, as well as funds from national and local foundations and corporations.

History

PUCC was founded to address the issues of building supply and increasing access to child care for children 0 - 14 in Massachusetts. In Boston, PUCC has devoted significant time and resources to addressing access to school-age child care. A citywide survey revealed that 75 percent of working parents were not at home when their children returned from school. Using these findings, parents and PUCC staff worked together to raise funds that were put back into the community to address these issues.

Points of Accomplishment

- Surveying 5,500 families and documenting the need for school-age child care in Boston and barriers to accessing care.

- Training parents to lobby their legislators to advocate for increased public funding for child care and the adoption of relevant legislation.

- Conducting a petition drive for more extended kindergarten classrooms in Boston Public Schools and hosting a forum on early childhood issues for 300 parents and public officials which helped to generate support for the commitment by the Boston School Committee to make full-day kindergarten available to all 5-year-old students who want it.

- Designing and producing a free annual "Guide to Before and After-School Programs in Boston" to assist parents in accessing care and transportation to school-age programs serving elementary and middle school children.

- Establishing the Boston School-Age Child Care Project and leading the effort to reform the out-of-school time delivery system in Boston.

- Publishing an ongoing newsletter titled, *Parent Power,* that is aimed at helping low-income parents who actively advocate for child care and family policy concerns.

- Launching a Neighborhood Organizing Initiative in five Boston neighborhoods to engage parents on a grassroots level to advocate for more affordable, quality child care in their communities.

Challenges

- Helping people understand that organizing is a strategy to bring about change. "Organizing and advocacy are an integral part of our long term strategy, because parents could and should have a voice in how things should change and what the community is going to do to bring about change."

- Being a small non-profit. Elaine Fersh says, "Figuring out our niche in terms of strategizing how to advocate for policy changes, hiring the best staff, and supporting parent leadership in all aspects of the organization takes up a lot of time and requires hard work."

- Getting people to take a long term view in the journey toward infrastructure change and systemic improvement. It takes a long time to implement change. When people understand this they are less likely to become discouraged and to keep working towards their goals.

- Addressing the real challenges of parents becoming a part of the decision making process in the community. According to Elaine Fersh, "We need to listen to what parents have to say and help them see how they can be involved in a realistic way."

- Raising funds. Although it has become easier over time, fundraising is constantly a challenge.

Next Steps

PUCC will continue focusing on its three current campaigns: the BSACCP/MOST, the Neighborhood Organizing Initiative, and the development of an Access/Affordability Campaign to increase child care subsidies for working poor parents.

Advice

- Give parents opportunities to share their stories with decision-makers.

- Organize and assess needs on a local level. What works in one neighborhood will not necessarily work in another.

- Use an asset-based approach to collecting information. Collect data to identify both needs and untapped resources.

- Seek to work on all aspects of parents' issues. Child care is just one issue. We shouldn't try to compartmentalize people's lives.

- Consider first communicating your parent organizing strategy, then pitching the issue when approaching funders interested in community organizing efforts.

Resources Available

PUCC has a wide variety of materials to share, including:

- organizational and BSACCP newsletters;

- parent surveys;

- citywide guide to before and after school programs for elementary and middle school children; and

- parent friendly advocacy materials and program manuals.

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APPROACH 4

Using Community Organizing Techniques to Mobilize the Voice of Parents

The Alliance Schools Initiative

Texas

The Alliance Schools Initiative is dedicated to developing a strong community based constituency of parents, teachers, and community leaders who are working to dramatically improve student achievement in low-income communities throughout Texas. It stresses local solutions to local needs and operates from the assumption that the process of reform is self-directed, not imposed from above. The Alliance Schools Initiative teaches parents to think of themselves not as consumers with complaints for school boards, but as citizens, with responsibilities to initiate school improvement. When parents act together as citizens, they become a powerful constituency that can work with educators and administrators for quality education in public schools. In the words of Ernesto Cortes, Jr., the Southwest Regional Director of the Industrial Areas Foundation, "without the support and engagement of the parents and community leaders at the grassroots level, any attempts at improving the public schools will be ineffective." The Initiative is a partnership between the Texas Interfaith Education Fund (TIEF), the Texas Industrial Areas Foundation (IAF) Network, campus staff and parents, school district officials, Regional Education Service Centers, and the Texas Education Agency (TEA).

The initial organizing process to become an Alliance School follows four steps:

- Identifying leaders and key concerns. This is done through individual and small group meetings of parents and staff.

- Training sessions. These sessions deal with a number of issues, including: pressures on today's families, power, the difference between issues and problems, private versus public relationships, and actions. During these sessions, issues are identified and people begin to form issue committees to work with others on the issues that interest them most. People develop a vision for their work and begin defining the steps to be taken to achieve their goals.

- Research Actions. Small groups of leaders from each issue committee meet with public officials, academics, business leaders, and others who are knowledgeable about the issue at-hand. These actions not only provide information; they also give leaders the experience of dealing with public officials and uncovering solutions.

- School Assembly. A public meeting (Action) is then planned. This takes about a month of preparation which includes analyzing the information obtained in research actions, developing an agenda, planning logistics, and role playing.

The TIEF differentiates between the bureaucratic culture of school and what it sees as the alliance culture:

Bureaucratic Culture	**Alliance Culture**
Isolated institution, not part of the community.	Constituency for education, involves everyone.
Deliver a service. Communication is based on notes and memos.	Conversation is key.
Power is unilateral. Top-down.	Power is relational.

Not surprisingly, change doesn't happen overnight. In El Paso, for example, organizers have found it takes time to build the relationships that are integral to change. They began focusing on issues of the broader community such as cleaning up a park that had become a gang hangout and improving traffic flow at a dangerous intersection near the school. As people began learning how to work together, their attention turned to curriculum and getting parents into the classroom.

History

According to Pearl Caesar, Lead Organizer, Valley Interfaith:

> A few years ago it looked as if public schools had five years to go before they went 'down the tubes'. We knew that unless something was done, schools would be gutted. Resources were limited and schools were not meeting children's needs. So we took what we knew in terms of leadership development and organizing to the schools.

Funding

The statewide Alliance Schools Initiative is a project of the Texas Interfaith Education Fund. The TIEF is a non-profit organization which provides technical support and training to the professional community organizers who work with Alliance Schools. As a result of their many successful partnerships with their local community organizations, many individual Alliance Schools have won state grants of up to $45,000 to support their collaborative restructuring and improvement efforts. These grants, administered by the Texas Education Agency, are awarded to schools that can prove their partnership with the community boosts student achievement. The schools use their grant money for professional development, parent training, student enrichment activities and other self-designed projects to deregulate and restructure their campus.

A word about "parents" and "families"...

As you work on developing your community mobilization efforts, remember that families exist in different forms. Ed Pitt, Associate Director of the Fatherhood Project at the Families and Work Institute offers these insights:

The concept of a traditional intact family (i.e. biological mother, father and children all living under one roof) excludes adults who play key support roles in many children's lives. Non-traditional families can include: grandparents responsible for raising their grandchildren, single mothers, single fathers, parents who are separated but living in the same communities, and many others. Often, members of these families don't feel welcome to participate in family support or parenting programs. For example, fathers and other male figures in children's lives often are or feel they are excluded by such programs. This can be due either to their own or society's perceptions of men's roles. Make an extra effort to reach out to all members of these families and recognize how important their contributions are. Build on the strengths of non-traditional families, and use their strengths to build upon your community mobilization initiatives.

Points of Accomplishment

- Increased level of parental involvement. The Alliance Schools Initiative has cultivated thousands of parent leaders across the state.

- Improved student academic achievement in Alliance Schools. Of the 50 schools that have been part of the project since 1993 or earlier, 31 have improved their scores on the school-wide TAAS test.

- Increased interest of a growing number of institutions. In Dallas, Austin, San Antonio, Fort Worth and other Texas cities, nearly 100 schools are in conversations with IAF organizations about the possibility of becoming Alliance Schools. Schools in New Mexico, Arizona and Louisiana have also expressed an interest in working with their local IAF community organization to initiate projects similar to the Alliance Schools.

In addition, national officials have recognized the Alliance School reform efforts.

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QUESTIONS TO CONSIDER

Mobilizing the Voice of Parents in Your Community

1.

Who are the parents in our community?

Knowing who you want to reach is key to the success of any initiative to develop the voice of parents. It is

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helpful to learn about the consumers, including their:

- cultural backgrounds;
- primary languages;
- strengths;
- interests;
- daily life stresses;
- needs;
- wants for themselves and their families;
- employment status;
- time availability;
- professional skills and experience; and
- location and needs for transportation.

2.

How can we build sound collaborations with parents?

Parents are a diverse group. Their many languages, where they live and their unique needs can make involving them as respected, legitimate partners a challenge.

Here are strategies to consider as an individual and group as you contemplate building sound collaborations with parents:

- Be aware of your own feelings about involving families. Do you believe that parents can and do have something of value to contribute to your efforts? This may require soul searching and coming to grips with an attitude of "tolerating parents" that is too common even among highly skilled and educated professionals whose work it is to support families. It may be helpful to get in touch with your own parenting experiences and if you are not a parent to talk with parents about their lives and dreams for their children.

- Go out to neighborhoods and listen. For example, to identify the core components of leadership training, the Connecticut Commission on Children contacted existing parent leadership programs and conducted focus groups with parents.

- Learn to understand and speak the language of parents. This is a language largely based on what is most important in their lives and the lives of their children. For example, when discussing quality child care, parents often talk in terms of a care provider who is warm, caring, and responsive to their child. Educators on the other hand, speak in terms of training and accreditation—both of which have been shown to make it more likely that a provider will be warm, caring, and responsive.

- Remove barriers to parents' participation. For example, educate others in the community about the value of parents' participation. When some parents working the night shift had difficulty attending PLTI classes, staff went to the workplace to educate employers on how PLTI training can impact positively on work performance.

- Take advantage of teachable moments. Wherever parents gather, build in opportunities to encourage and support parents in becoming leaders and advocates in the community.

- Use the power of word-of-mouth and inspiration as well as media when recruiting parents. Consider using a variety of recruitment strategies including newspaper articles, advertisements, radio announcements, outreach, flyers, and especially word of mouth. Using a pyramid structure, the PLTI encourages parents in the training program to refer other interested parents. In an effort to create a caring community and develop a coalition of parents, each class mentors the next class. The majority of the program's graduates also become involved in the community and thereby inspire other parents to become involved.

3.

What do parents need to ensure their ongoing involvement?

The more parents see themselves as agents of change, the more likely they are to remain involved and apply their leadership/advocacy skills beyond the current initiative. In the words of Karen Chester, Executive Director of the North Carolina Interagency Coordinating Council:

> Remember that you do not sustain consumer involvement in the process—parents and families do. The key to maintaining that momentum is assuring that parents both understand that their involvement means something and that they can see the specific impact they have on the political process and the welfare of families and children.

You may want to consider a variety of strategies which communities are using to ensure the ongoing involvement of parents. Note however that, though we are focusing on families in this chapter, these strategies are effective in promoting long term involvement of any and all stakeholders:

- Provide ongoing support from the beginning. Show parents respect by introducing them into the process in a way that promotes their feelings of competence and empowerment. You may want to consider an approach similar to that taken by NC-ICC. In this organization, both parents and professionals go through an orientation period to become familiarized with the activities and procedures of the Council. There is an informal "buddy system" in which veterans on the Council partner with newly appointed members to provide the information they need and to answer any of their questions. New members are also encouraged to call other members to ask questions until they become more comfortable speaking at meetings. Most parents become co-chairs after they have served on the Council for a year, when they feel more confident and have a better sense of where the leadership is going and how they will contribute.

- Help parents see their importance as a constituency. Parents often do not think of themselves as members of a group or recognize the impact they can have.

- Invite parents to assume roles and responsibilities that build on their skills and interests. Each parent comes to the table with a unique set of skills and perspectives. Take advantage of this as you work with parents to determine how and what they might best contribute. Too often initiatives see parents as interchangeable, thus ensuring the initiative will not gain the benefits of what individuals have to contribute. When parents define roles with which they are comfortable, they are more likely to be effective and remain involved in the process.

- Offer parents opportunities to develop meaningful skills. By offering parents training and technical assistance to develop or sharpen skills, you can promote their development as leaders in your community planning process.

- Provide opportunities where families can see the results of their involvement.

When working with parents, it is helpful to step back and look through their eyes. Doing this can help you identify issues like the following that may need to be addressed:

- Parents' limited time. The challenge is to help parents discover realistic ways to be involved that can fit into their already busy and demanding lives.

- Reimbursement. Being involved in changing one's community for the better is rewarding in itself. Yet there are expenses involved such as transportation. Some communities are finding it to be very effective to reimburse parents for expenses they incur in being part of an initiative.

- Transportation needs. Parents may need transportation to attend meetings.

- Child care. Knowing that their children will be cared for can help promote parents' involvement in various community planning initiatives. A creative way of addressing this need may be to help parents connect with one another and share care arrangements.

- Single parents. Single parents represent a large percentage of all parents and yet often tend to be under represented in initiatives involving parents due to their many responsibilities. In the words of Karen Chester of NC-ICC, "We should all be thinking about ways in which we can assist them in achieving true representation in the political process."

MOBILIZING THE VOICE OF PARENTS

Programs in Action

The National PTA

The National Congress of Parents and Teachers—the National PTA—is the largest volunteer child advocacy group in the United States. The National PTA believes that creating a healthy, nurturing environment takes whole communities working in concert. To this end, the organization encourages all citizens— business professionals and retirees, parents and nonparents, teachers and school administrators—to join with it to improve opportunities for all children.

Here we highlight two initiatives of the National PTA: 1) Building Blocks: Early Childhood PTAs and 2) Continuity for Success: A Partnership Project Between the National PTA and the National Head Start Association.

Building Blocks: Early Childhood PTAs

Although PTAs are traditionally associated with schools, an early childhood PTA may be organized in preschools or nursery schools, child care centers, places of employment, kindergartens or other community settings such as libraries or recreational facilities. Early childhood PTA members may decide to affiliate with an existing PTA and function as a committee of the larger group, or they may decide to become a separate PTA unit. The choice is made by members based on their needs and priorities.

Early Childhood PTAs bring families and communities together in meaningful activities that nurture children and help them build skills and attitudes that will help them learn and relate well to others. For example, the Early Childhood PTA in Forsyth County, Georgia is a community-wide organization. Its more than 150 members meet regularly for parent education classes and together coordinate a babysitting coop, fieldtrips for toddlers, and parents' nights out. In addition, the PTA addresses community issues. Last year, members worked with community partners to build a playground for preschoolers. According to Janice Cox, President of Georgia PTA, "Early Childhood PTA's are an idea whose time has come. If we can help parents feel competent when their children are young, they will have the confidence to become involved in their children's schools as well as in their communities. Everyone will benefit."

The Continuity for Success *Partnership Program*

A new initiative, the Continuity for Success project has as its goals to encourage the continued, strong involvement of Head Start parents and families into public schools; develop interventions and strategies that lessen the barriers to parent and family involvement; and to create strong local partnerships between Head Start programs, PTAs and elementary schools. Three pilot sites are participating in the project. They are Rochester, New York,; Charlotte, North Carolina; and El Paso, Texas. Funding for the sites and their activities is provided by the Prudential and W.K. Kellogg foundations.

The pilot sites are planning and implementing the following activities to encourage continued parent involvement:

- Educate Head Start parents about the PTA and elementary school and PTA parents about Head Start;
- Provide resources for parents centers (brochures, videos, etc.)
- Share resources such as transportation, child care and facilities;
- Share children's education and health records;
- Conduct joint planning and training sessions for Head Start, PTA, and public school staff;
- Hold workshops on parenting issues such as self-esteem, literacy, and discipline;
- Organize school visits for Head Start parents and Head Start visits for elementary school staff;
- Conduct joint parent conferences; and
- Plan joint social events for Head Start and PTA parents.

An ongoing evaluation component will enable the partnership to provide additional support as the project expands to new partnerships nationwide.

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North Carolina Interagency Coordinating Council for Children Ages Birth to Five with Disabilities and their Families

Raleigh, North Carolina

As mandated by Public Law 99-457/IDEA, North Carolina Interagency Coordinating Council for Children Ages Birth to Five with Disabilities and their Families (NC-ICC) advises and assists the Governor and the Departments of Human Resources; Environment, Health, and Natural Resources; and Public Instruction in the implementation of PL 99-457 in North Carolina. Since its appointment in 1987, NC-ICC has placed parents of young children at risk for disabilities in leadership positions on the Council.

The Council advises the state of North Carolina in the following areas:

- identification of sources of fiscal and other support for the early intervention system;
- development of policies related to the early intervention services;

- preparation of applications for available federal funds;

- resolution of interagency disputes; and

- promotion of interagency agreements.

The Council's work is carried out by seven committees: Children and Families; Data Collection/ Program Evaluation; Executive; Local Interagency Coordinating Councils; Personnel Development; Public Awareness/ Legislative; and Transition. Each of these subcommittees has a parent and a professional in a related field as its co-chairs.

Potential co-chairs are identified by a nominating committee that is composed equally of parents and professionals. Nominees identified are then asked if they would be interested in being included on the ballot. All members attend a two-day meeting in which they receive a packet with biographical sketches of the nominees (derived from interviewing each nominee). Nominees give a speech at the meeting and have the option to stand at the podium or at their seats, whichever is less intimidating. The nomination is followed by a Council vote.

Karen Chester has identified the following themes that shape all of NC-ICC's work with parents:

- NC-ICC is a partnership of parents and professionals. Parents have a voice in all aspects of system planning, development and implementation.

- Parent input is valued.

- Parents and professionals share common goals such as system improvement and enhancing the quality of services.

- Parents and professionals are both mentored to help them be as effective as possible in their roles.

Points of Accomplishment

- Increasing skills and confidence. Parents have developed skills and confidence that have let them assume leadership roles.

- Modelling of an approach to working with parents. The state ICC has been a model of valuing parent input for the local ICCs, whose mission it is to identify barriers for disabled children at the local level.

Resources Available

Information on their activities and an explanation of their parent leadership models are available from the NC-ICC.

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Parent Voices Project

California

Founded in July 1994, with support of the Jennifer Altman Foundation, the Parent Voices Project was conceived by the California Child Care Resource and Referral Network (Network) to assist local child care resource and referral (R&R) agencies examine how they could most effectively identify and support the emergence of articulate, empowered parent advocates for child care. In the words of founder Patty Siegel, "I realized that although R&Rs had been an effective voice for parents, we were less than authentic. The voice of parents themselves was missing in our work. It is no longer enough to listen and offer help. We need to organize parents to address issues that concern them."

The Network's partners in this vision were five R&R agencies: Bananas (Oakland), Children's Council (San Francisco), Child Action (Sacramento), Connections for Children (Santa Monica), and Crystal Stairs (Los Angeles). During the project's first year, these sites explored various approaches to learning more about the needs and resources of the parents they serve. For example, one site sought parents' input and ideas through a special survey in their newsletter and one convened meetings of parents on their Alternative Payment Program waiting list.

Simultaneous with local activities, the Network planned and organized training for the pilot sites in community organizing. The training challenged participants to begin thinking about building relationships with parents and involving them in shaping the future of their children.

Today, a core group of parent leaders have emerged from the sites. The process of identifying them took time, and all the sites have come to realize that building a parent organization does not happen overnight. It takes patience and commitment.

Points of Accomplishment

- Building awareness about parent organizing. The Parent Voices sites have developed an awareness and passion for parent organizing.
- Increasing commitment to parent organizing. The sites' commitment to parent organizing was institutionalized through the hiring of parent organizers at each agency and at the Network.
- Involving parents. Parent Voices played a significant role in helping to organize the successful Doll Campaign aimed at better informing the new Congress about the importance of child care in the lives of working families. Parents also represented the project in June 1996's Stand For Children in Washington, D.C.
- Expanding the project. Contra Costa Child Care Council in Antioch became the sixth Parent Voices site.

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Mobilizing the Voice of Parents Checklist

The following are questions to consider, when working with parents in your community:

1. Who are the parents in our community?
2. How can we build sound collaborations with parents?
3. What do parents need to ensure their ongoing involvement?

Chapter 4

Involving Business

Employers are increasingly becoming involved in community mobilization efforts in early education and care. They have done so for two main reasons: concerns for workplace productivity and concerns about adequately educating tomorrow's workforce. They have taken four approaches:

❶ sharing information among companies on making companies more family-friendly;

❷ developing and contributing to "funds" for communities that help increase the supply of quality dependent care;

❸ participating in community mobilization; and

❹ using their business expertise to develop systemic change with a special focus on strategies to finance the early childhood system.

In this chapter, we illustrate each of these four approaches using program descriptions, some brief and some more detailed.

When the business community becomes involved with the early childhood community, both groups reap the benefits.

Benefits for the business community include:

- increased productivity. Businesses can work on improving systems and programs that support employed parents in ways that allow them to be more productive at work;
- greater potential for the emergence of a competent workforce of the future. These efforts are seen as improving local education and better preparing a competent workforce;
- increased effectiveness for internal policies. Community mobilization efforts make businesses' internal work-family programs and policies more effective (e.g., their child care resource and referral assistance works better when the supply of community child care is increased and when the quality of that care is improved);
- satisfaction from making a meaningful contribution. There is so much to be done that business leaders who become involved in community mobilization feel a true sense of accomplishment. They are not just other players on the field, but are making a unique difference where and when it matters most—at a time in children's development when there are opportunities to prevent rather than to correct problems; and
- media attention. The publicity businesses receive is equivalent to free advertising to their consumers.

Benefits for the early childhood field include:

- stopping power. This is a term used in the field of photography that means the photograph is unexpected, makes you stop and look, and helps you see things in new ways. Business leaders often play this role in community collaborations—they can garner attention for these efforts and they can help community groups gain new perspectives on the issues facing them;
- new contacts and connections. Business leaders are connected to other community leaders who, working together, can make things happen—often in new ways; and
- greater availability of business leaders' expertise. Just as early childhood leaders bring expertise to the table, so do business leaders. They are knowledgeable about how to use data in planning, how to have a results orientation, and how to bring about change. Furthermore, business leaders have specific skills and knowledge that are useful in collaborations—such as knowledge of financing, public relations, and management.

APPROACH 1

Sharing Information Among Companies About How to Make Companies More Family-Friendly

Some employers have formed councils or coalitions to share information on work-life issues. The first national example is The Conference Board Work and Family Council. Begun in 1983, this Council brings together business leaders to learn from each other. Many of these leaders have now become the champions for nationwide efforts.

Business coalitions also exist at the state and local levels. Sometimes, the early childhood community plays a convening role, as in One Small Step in San Francisco; at other times, there is governmental assistance or employers come together on their own.

One Small Step

San Francisco, California

One Small Step (also known as the Bay Area Employer Work & Family Coalition) is a regional membership association that promotes the development of family-supportive policies and programs in Bay Area workplaces. Founded by the United Way of the Bay Area in 1986, One Small Step serves as a forum for Bay Area employers (typically represented by human resource managers) to regularly exchange ideas and information on how to support their employees in balancing work, family, and personal responsibilities.

Participating employers agree to make a good-faith effort to take at least "one small step" to respond to their employees' family and personal life needs with a new or expanded program, policy, or practice. Examples of steps taken by members include planning for an employee child care center and designing a paid time-off policy using lessons learned from other members. One Small Step facilitates education and collaboration on work-family issues through a variety of activities, including conferences, publications, trend reports, research projects, and referrals.

The One Small Step membership includes nearly 100 public and private sector employers, ranging in size from under 50 to over 10,000 employees and collectively represent over 300,000 employees in the Bay

Area. One Small Step also has an affiliate membership comprised of over 60 work-family service providers.

Points of Accomplishment

- One Small Step joined with the San Francisco Bar Association to spearhead an employer consortium that began offering in-home emergency child care and elder care services to their employees in six Bay Area counties in early 1995.

- As of the fall of 1995, One Small Step and the Center on Work and Family at Boston University are jointly producing "Balance Sheets," a series of information sheets on work-family program options that feature model programs from the San Francisco Bay Area and New England.

- One Small Step actively supports local employer participation in national initiatives such as the U.S. Department of Labor's Working Women Count survey and the Ms. Foundation's Take Our Daughters to Work program.

- One Small Step is regarded as a model community effort, and has provided assistance to similar groups in other areas of the country—such as in various cities throughout New England and Texas, as well as Washington, DC, Philadelphia, Texas, Portland, Santa Barbara, Minneapolis, and Cincinnati.

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APPROACH 2

Developing Funds to Increase the Supply and Quality of Dependent Care

The success of quality child care cannot ride on knowledge and information alone. Financial resources are essential to implementing any effective program. By the very nature of its existence, business can offer the child care community much valuable information on fund development, and even be a provider of financial resources.

This section will describe how AT&T develops dependent care community funding within its own organization. Then, it shows how Corporate Champions is funded through a collaboration with businesses in the Fort Worth community. The third and fourth program descriptions in this section show how companies in a nationwide collaboration get funding for their employees' dependent care needs, and how public and private partnerships are collaborating in New York State to offer child care support to help parents get back into the workforce.

1.

Fund Development Within the Company

A number of companies have developed funds to support an increased supply of dependent care. They include AT&T, IBM, Nations Bank, and Corning. AT&T's Family Care Development Fund is profiled below. As the oldest fund of its kind in the country, it has accomplished a great deal.

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AT&T Family Care Development Fund

Morristown, New Jersey

Overview

The Family Care Development Fund was created in 1989 through a bargaining agreement between AT&T and the unions representing its employees: CWA and IBEW. This was the first project of its kind in corporate America. Since then, a total of $25 million has been allocated by the Fund. The goal of the Fund is "to increase the supply and improve the quality of community child care and elder care where AT&T employees live and work."

The Fund can be accessed through:

- employee sponsorship. With an AT&T employee as a sponsor, a community group can apply to the Fund.
- targeted cities. With a labor/management committee, communities are identified; an employee task force is convened within those communities to provide input on employee need and priorities; focus groups, surveys and/or community needs assessments are conducted to assess need; a strategy is developed for addressing the identified needs; and community agencies in the best position to carry out the strategy are asked to write a proposal for funding the proposed project.

In addition, the Fund promotes National Association for the Education of Young Children (NAEYC) accreditation by encouraging AT&T employees to nominate their children's centers. If selected, the Fund awards the program funding to cover the cost of accreditation fees.

Points of Accomplishment

The Fund committed $25 million through December 1995 and has funded 1,278 projects since its inception. These projects have:

- increased the supply of child care by funding nearly 13,000 new slots—in centers (6,392 slots), in school-age programs (4,207 slots), in family child care (1,400-3,200 slots), and in backup care (220 slots);
- improved care for 24,000 children with equipment, supplies, curriculum, and facilities;
- trained 6,155 providers;
- provided extensive quality improvement—on-site training and consultation—to 100 child care centers;
- paid NAEYC fees to accredit 91 child care centers, and supported 342 programs working toward accreditation;
- helped to create an accreditation and national training program for school-age programs;
- provided quality educational materials and resources to 2,330 providers through resource rooms and vans;
- provided quality mini-grants to 199 programs;
- provided innovative violence prevention programs to 45 school-age programs;
- supported professional development programs, including compensation, for providers at 45 centers;
- offered video training on health and safety standards to 3,500 programs;
- added services for 7,024 elders;

- improved services for 507 elders;
- trained 729 elder care providers; and
- helped to create accreditation and national training programs for adult day aides.

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2.

Fund Development Within the Community

Sometimes companies within a community join together to fund quality improvement efforts, such as Corporate Champions in Fort Worth, Texas. This initiative is based on the Corporate Champions in Charlotte, North Carolina. We describe the Fort Worth version to show that the Charlotte model can be replicated. In Fort Worth, this fund is a part of a larger quality improvement strategy.

Corporate Champions

Fort Worth, Texas

The First Texas Council of Camp Fire's Work/Family Program (WFP) is a "comprehensive community development plan for family support through high-quality child care systems." WFP has gained employer support through its Corporate Champions program. Corporate Champions consists of a pool of companies that provide both volunteers as well as financial support to increase the availability, affordability, and accessibility of high-quality child care in the Fort Worth area.

Ten companies have made a three-year commitment to the Corporate Champions program. Their commitment includes a monetary donation as well as the involvement of a high-level decision-maker, e.g., a Chief Financial Officer (CFO) or Vice President of Human Resources. These individuals were asked to work on a task force, to attend monthly meetings, and often to chair subcommittees aimed at improving early childhood delivery systems throughout the Fort Worth area.

The Camp Fire organization provides staff and volunteers to facilitate the work of Corporate Champions.

History

The impetus for establishing WFP (and Corporate Champions) was concern about the quality of child care in Tarrant County. There were very few accredited programs or family child care providers in all of Tarrant County and no formal training to help providers gain accreditation. Thus, WFP began as a fundraising effort to build a training facility and start a training program for child care providers.

Shortly after the fundraising campaign began, the First Texas Council of Camp Fire realized there were additional needs within the community beyond the training facility. In 1990, Phyllis Jack Moore was hired as the child care consultant to develop programs. She gathered together all local professionals who had anything to do with training and early childhood care. This network began to meet, and has been meeting every month since then. Over the years, the group has expanded its activities and formed four subcommittees representing the areas of activities in which the group is involved: Professional Development, Family Support, Research, and Community Education/Awareness.

To get things started, Moore invited some national early childhood experts to speak to community leaders at a luncheon. This event not only helped to energize the group but also gave them information they needed to influence the business community.

A second step was to identify a number of key businesses as likely to participate in the Corporate Champions program. Three key people were selected as "honorary leaders": the mayor of Fort Worth, a leading businessman, and a leading businesswoman. They sent letters and made phone calls personally inviting each of the other potential business representatives to a luncheon.

As committed as these leaders were, they were also very busy and pressed for time. The Camp Fire staff, therefore, did most of the legwork and backup work. At the same time, the group had chosen individuals with a strong interest in the cause. "The key businessman, for example, read, reread, and then rewrote our brochure for the campaign," says Moore.

At the kickoff luncheon, Duke Power's Bob Allen, a business leader from Corporate Champions in Charlotte, helped to make a case for Corporate Champions in Fort Worth and helped the invited business representatives understand how they would benefit from being involved. After the luncheon, the three leaders again called each of the business representatives and personally asked them for a commitment to the program.

Reflecting on the process, Moore believes that what made the program so compelling to the companies was that they were contacted by influential people. "We send out a message that says 'Fellow business leaders are setting up a meeting and want you to come and listen.'"

Now that the Corporate Champions Task Force is gearing up to find the next set of companies to make a three-year commitment, she believes the recruiting process will not be as difficult: "The second ten [companies] will be easier to recruit because the first ten companies that have gotten involved are very committed and are recruiting this second group of companies for us."

Points of Accomplishment

Moore credits Corporate Champions with influencing the passage of revised standards for child care. Before the standards were revised, Texas ranked 47th in the nation in terms of quality. The business leaders devised a plan to bring together lobbyists from each company to work together. "We had a business person who went to the hearing before the State Department of Protective and Regulatory Services (DPRS) Board. We even had the mayor and a couple of other executives write personal letters to different people on the Board," says Moore.

Similarly, the business leaders also brought in their public relations people to work on consumer education. Together, they have created a brochure entitled *A Few Things You Should Know About Quality Child Care.* The first 30,000 copies will be distributed to the companies' employees with their paychecks. These leaders have also been interviewed on local TV about quality child care issues. In addition, a Speaker's Bureau has been formed.

The ten founding member companies pledged $360,000 over the first three-year membership period. Money was designated to support:

- centers working toward NAEYC accreditation;
- family child care providers preparing for NAFCC accreditation;
- resource and referral services for member companies' employees;

- training in high-quality child care;
- work-family seminars;
- equipment grants and scholarships for centers and family child care providers; and
- development and distribution of materials promoting quality child care and work-family issues.

Member companies have also provided in-kind support—including printing, public relations, clerical personnel, video production, private transportation, and the hosting of Task Force and community meetings.

Challenges

When Corporate Champions first started, the employers who initially got involved did so because they were asked to—not necessarily because they believed that there were business reasons to do so. According to Moore:

> They thought, as a good citizen in the community, it was a philanthropic thing they were doing. At the initial meeting, Bob Allen had helped them to think, 'Yes. It is a business issue.' As the education went on, and they saw the ramifications of development in the early years, they started to sincerely believe that it is a business issue. And now we really have a group of passionate people who can say, 'We know this is a business investment.'

This change in attitude is largely due to WFP's efforts to educate company representatives. "We showed videos, invited child care providers as an informational resource to attend meetings, organized site visits (either individually or through a tour), and distributed a lot of materials." These efforts to help them understand was not a short-term project, but one that extended over time, says Moore:

> Every time we would discuss an issue, we would have backup materials for them to read. As much as we could, we would try to use articles from publications like *Business Week* and the *Wall Street Journal* so they could see these were business issues.

Next Steps

After having helped to improve the standards of child care in Texas, the lobbyist group of Corporate Champions is now working to maintain those standards. Moore explains: "Unfortunately, those who have opposed these revisions have made this a legislative issue. The state legislature now has the opportunity to overturn the revised standards. So, the Task Force is working to educate legislators in order to keep the revised standards intact."

Consumer education is on the agenda. Having created *A Few Things You Should Know About Quality Child Care*, the public relations group is now working to expand its distribution to the wider community, targeting pediatricians' offices and other places where there is likely interest in Corporate Champions.

Advice

Businesses expect activities they are involved with to be well-managed. As Moore explains:

> [Companies] respect careful organization. Successful business leaders function with clear goals. They come to meetings wanting to know what the outcome of the meeting is and where we will go next. So, you have to function like that and be prepared like that.

Moore also advises others to think through how best to provide groups such as Corporate Champions with the staff support they need. She suggests being prepared to do a lot of background work noting that the executives involved in Corporate Champions are volunteers, and are very busy:

> They wouldn't be who they are today if they had a lot of free time, but what has happened for children and families in Fort Worth would never have happened without them.

Resources Available

A Few Things You Should Know About Quality Child Care, a brochure for parent employees looking for child care.

Contact

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Fort Worth, TX 76137
(817)831-2111

3.

Fund Development in Communities Across the Country

Some of the companies that have pioneered fund development within their own companies came together to create one business fund in communities across the country when they realized that they could "accomplish more by working together than by working alone."

American Business Collaboration for Quality Dependent Care

Overview

In 1992, eleven corporations throughout the United States joined together to pledge $25.4 million to improve the supply of quality dependent care to assist their own employees. These funds—soon totaling $27 million—were invested in 45 communities in 25 states and the District of Columbia. Some 156 businesses, governmental entities, and non-profit organizations participated in the collaboration. Their joint efforts resulted in programs that have helped more than 275,000 individuals to date.

In 1995, the companies launched the second phase of this project by increasing their number to 21 lead companies, or champions—including Aetna Life & Casualty, Allstate Insurance, American Express, Amoco, AT&T, Bank of America, Chevron, Citibank, Deloitte & Touche LLP, Eastman Kodak, Exxon, GE Capitol Services, Hewlett-Packard, IBM, Johnson & Johnson, Mobil, Nynex, Price Waterhouse LLP, Texaco, Texas Instruments, and Xerox.

In a joint statement signed by the chief executive officers of these 21 corporations, they say:

> We believe that supporting the diverse dependent care needs of our employees is critical to our success as it enables our companies to attract and retain a productive, competitive, committed, and motivated workforce.... We do this because the availability of quality dependent care programs ... enables our employees to do their best at work by helping them manage their work and personal responsibilities.

In addition to increasing the number of champion companies, the American Business Collaboration increased the amount of funding to $100 million over a six-year period. The American Business Collaboration is managed by Work/Family Directions in Boston, Massachusetts.

Points of Accomplishment

To enhance the numerous accomplishments of the first phase of the project, the companies involved in the second phase have added a research and development component to invest in National Championship Model Programs. The first four projects are:

- voice technology. To improve communication between parents and teachers, a school-based voice messaging system will be piloted in 97 schools in 10 cities;

- school-age accreditation. The collaboration is supporting a two-year project that is expected to lead to the accreditation of school-age programs;
- middle School Youth Program. The collaboration will support the development of innovative after-school and summer programs for children ages 10 to 14, a time when children typically drop out of after-school programs; and
- backup care. A series of backup child care and elder care programs will be evaluated across the country.

Contact

Work/Family Directions
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4. *Public/Private Partnerships*

There were many attempts to create public and private partnerships in the 1980s. As planners of the Early Childhood Investment Fund in New York State found, the typical government approach was: the government will design and operate the partnership; the private sector's role is to provide financial support. The companies that convened to create New York's Fund wanted none of that kind of approach. They wanted a true partnership. And they wanted funding that supported ongoing community mobilization efforts. For that reason, their grants require a process of community planning and the involvement of the private sector, as well as other stakeholders committed to systemic change.

Early Childhood Investment Fund

New York State

Although the Early Childhood Investment Fund (ECIF) ended in 1996 because of a change in state government administration, we describe it briefly because we think it is a viable model. It fostered public and private partnerships throughout New York State to improve the delivery of early childhood services. The state set aside a pool of money available through a Request for Proposals (RFP) process that was matched by individual, foundation, or corporate contributions. Private sector dollars also support the Fund's administration. Thus, ECIF required private sector investment.

Although there were specific guidelines for proposals, they were flexible enough to encourage grassroots problem-solving and bottom-up innovation in improving the delivery of child care services.

A grantee had to demonstrate the need for the proposed project and the commitment of local private sector funds. In general, a $2 to $1 match was required, except in low-income communities, where the match was $1 to $1. A match was not required for planning grants.

A statewide Policy Board, comprised of business, labor, and foundation leaders, government officials, and early childhood experts, reviewed proposals and made funding decisions. The United Way of New York State administered the Fund.

Points of Accomplishment

Since grant-making began in January 1994, ECIF received 81 requests for funding and supported 40 community-based projects. The government invested $552,052 in programs bringing in $1,577,273 of private sector funds.

The projects funded by ECIF include:

- developing a loan strategy for child care providers to meet their credit needs;
- creating 500 child care spaces in existing and newly constructed facilities;
- enabling 30 child care centers and 87 family child care providers to achieve accreditation;
- providing college scholarships for child care providers;
- enhancing training programs for family child care providers;
- expanding and enhancing school-age child care services;
- aiding in the creation of an early education and care program for low-income families; and
- purchasing a van to assure access to services for children in low-income families.

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APPROACH 3

Participating in Community Mobilization Efforts on the Local and State Levels

There are many initiators of community mobilization efforts including business, government, and foundations. In one sense, it makes no difference who or what organization originates the effort. What matters is whether the convenor is perceived to be fair and impartial and whether the quality of the process of the established collaboration is credible.

In another sense, however, the originator of the community mobilization effort is very important. When an elected official such as a governor or mayor establishes a community mobilization effort, his or her successor may try to disband it and set up something new. However, having substantial involvement from the business community can help such efforts to endure even when elected officials change.

In this chapter, we profile Success by Six, one of the most widespread community mobilization efforts undertaken by the business community. We also profile Smart Start, an example of community mobilization initiated by government.

1.

Business-Initiated Community Mobilization

Success by 6

Minneapolis, Minnesota

There are currently more than 160 United Way communities that are exploring, developing, or implementing a Success by 6 project with resources and technical assistance from the Success By 6 National Resource Center, Mobilization for America's Children at United Way of America. We describe the project in Minneapolis where Success by 6 began.

The mission of the Success by 6 is to mobilize community awareness, resources, and cooperation to promote the healthy development of children—particularly those at risk of academic failure.

It began in 1983 when the Mayor of Minneapolis and that city's Superintendent of Schools joined together to address the problem of long-term unemployment in the city. After months of study, they concluded that "the root of the problem...starts in the early years with inadequate social and intellectual development." In 1988, they launched Success By 6 to develop and coordinate resources for children facing obstacles to school success. They worked in collaboration with United Way of Minneapolis and Dr. James J. Renier, then CEO of Honeywell, Inc.

Success by 6 coordinates the efforts of business, government, labor, education, health, and human services to build community awareness about the needs of young children; improve access to needed services for families with young children; and expand collaboration between the public and private sectors to develop an integrated system of services.

Points of Accomplishment

Success by 6 in Minneapolis conducted a public awareness campaign on the urgent needs of young children and lobbied with other organizations for a comprehensive state legislative agenda—resulting in an increase of $35 million spent on children and child care. It has also impacted services for children and families by improving prenatal care, establishing a school for pregnant teens, creating culturally sensitive child development tools for parents with low reading skills, and sponsoring a "Readmobile" that brings library materials to family child care homes.

Contact

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2.

Government-Initiated Community Mobilization

Smart Start

State of North Carolina

Smart Start is a statewide early childhood initiative in North Carolina. It is built on the notion of involving business and other community leaders through the statewide North Carolina Partnership for Children

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and local countywide partnerships. These partnerships bring together community leaders, including business, to collaborate in addressing the specific needs of children and families. The overall goal of Smart Start is to ensure that ". . .every child in North Carolina enters school healthy and ready to succeed." More specifically, Smart Start targets children from birth to five years and aims "to provide every child in the community with access to quality, affordable child care, health care, and other critical services."

The legislation creating Smart Start began by establishing non-profit public-private partnerships. Business leaders are actively involved, serving on the boards of the partnerships and taking an active role in planning and implementing the networks of programs and services that support young children and their families.

At the state level, the North Carolina Partnership for Children convenes leaders across the state from business, government, education, churches, non-profits, communities, and child and family advocacy groups. Working collaboratively, these leaders set forth plans and goals for the state, providing leadership as well as support to the local partnerships.

At the local level, similar non-profits are established. Each local partnership is governed by a Board of Directors established by legislation. Membership by the business community is mandated.

Based on the needs of the children in each county, local partnership Boards develop specific plans for improving the quality and delivery of services and work collaboratively to implement the plans. Some counties find ways to make child care more affordable for families while others improve existing programs with renovations and technical assistance.

History

In 1993, North Carolina ranked 39th among all the states on the health and well-being of children, according to the national Kids Count Data Book. Responding to this and other discouraging statistics on North Carolina's children, Governor Jim Hunt proposed a comprehensive initiative designed to address the child care needs of North Carolina's children and families, as well as other services crucial to the healthy development of children. In March 1993, legislation was passed by the state's General Assembly to enact Smart Start.

It mandated that partnerships with business must be formed at both the state and local levels, and the boards of these partnerships must include business leaders.

By making collaboration with business a requirement, local communities are compelled to work collaboratively with business. And, because partnerships are formed at the local level, communities are able to forge solutions that best suit their needs.

One company that took a leadership role in the process was Duke Power, a major corporation in North Carolina. To support Governor Hunt's efforts, the CEO of Duke Power "loaned" executive Bob Allen to the Governor to serve as chair in the Mecklenburg Partnership for Children, a local Smart Start partnership. In addition to his duties as chair, he assisted the Governor in recruiting other businesses to form local partnerships in other counties and helped to lobby the General Assembly to expand Smart Start. Although assisting the Governor became a full-time job for Allen, he continued to receive his full salary from Duke Power.

Points of Accomplishment

Much has been achieved through the collaboration of community leaders. Allen believes that the involvement of business has been especially helpful in achieving goals.

First, working with business leaders provides those not in the business community with a different perspective. As Allen explains:

> It helped people recognize that there are delivery systems that can be adjusted and funding streams to be combined that would assist initiatives in addressing their problems and issues.

Second, working with business leaders has led to additional support from the business community—

support that entails financial help as well as expertise, such as communication and technological capabilities. Business participation has also added clout to community initiatives that the early childhood community alone did not have.

Third, business leaders help other partners to become more customer-oriented and adapt to change. Allen explains:

> Those in the business community have been forced to go through many different changes. They've gone through downsizing and increased their focus on serving the customer. As a result, they have become willing to change the way they do business in order to deliver better services.... Many of the [child-serving] organizations and institutions have not been through excessive change. So [in partnerships], you have people who have not considered changing their delivery systems all of a sudden working with people who have had to change and have survived. These business people, therefore, provided a perspective, a willingness to find more effective and new ways of doing things.

Fourth, the participation of business leaders facilitates collaboration and teamwork. Business people have acted as "neutral partners" and helped others to cooperate. In one situation, Allen recalls having to help people stay focused on the issues and work together: "I had to say to them, 'Look, I don't have a dog in this fight. However, we all have something at stake here, and we don't need to be worrying about turf.'"

Finally, business people help find solutions when obstacles seemed insurmountable. Allen says:

> Some business leaders are not willing to say, 'We can't do this,' but will say, 'We can do this, and we will find a way.' Thus, having people with this sort of persistence and tenacity helps to motivate others.

Challenges

Even with his business background and experience, Allen finds that it is often difficult to convince certain business leaders to participate in Smart Start. He says:

> It's difficult to help people understand that helping young children is an urgent issue, and that we're wasting lives as we wait. It's hard to convince people that something has to happen right now.... There is so much attention on other social problems, such as crime and crime prevention. People do not realize that helping young children can lead to solving a variety of problems (such as crime) in our future.

Next Steps

In order to continue and expand the efforts of Smart Start, business leaders will be working with the Governor of North Carolina to lobby the state legislature. Allen describes the plans:

> The Governor will host a reception at the Mansion for about 150 business people to talk about Smart Start. The idea is to have them cross the street and talk to elected officials.

He also plans to place a one-page ad in the newspaper, which, he says:

> ... will be an open letter to the General Assembly, which encourages expansion of Smart Start, entitled 'North Carolina Business Leaders for Smart Start.' At the bottom will be signatures of all of the business leaders who are supporting this.

Advice

Allen advises others to help companies understand that it is in everyone's best interest to help promote quality child care. Businesses need to be convinced that "Child care is not a women's issue, not a poor issue, but a business issue." He stresses the importance of communicating and presenting strong business arguments. Here are three arguments he uses:

- Avoid losing productivity. "You can help employers look at the workforce and see how [employees] must deal with children's issues and care for children on a day-to-day basis." Allen uses hard facts, telling company executives that 65 percent of North Carolina's mothers with children under age six work outside of the home—all of whom need to make child care arrangements before they come to work. "If so many in the workforce are worried about child care, they are not going to be productive."

- Improve recruiting and retaining of employees. Companies are also beginning to understand that "Retention of good employees is more important than hiring and retraining new employees all the time. So, it becomes a recruitment issue." Companies can work with families that are having problems with finding care. They can help find reliable quality child care so that parents don't have to worry about their children. These companies can then retain these employees. Allen provides an example:

  > Hotel managers have approached me asking what they can do for Smart Start. The hotel industry struggles with low-wage employees and high turnover. And a major part of the turnover is because employees can't find good care for their children.

- Spend less money educating the workforce. "Businesses understand that the education system isn't working. They are spending millions of dollars each year retraining and providing remedial education for their employees." Allen suggests helping business understand that the earlier you start young people learning and give them quality education, the better prepared they are to learn when they get to school.

Allen also suggests having an influential business person, who is educated on the issues, talk to other business leaders. He believes that business people are more likely to respond to solicitation from a peer. "Communities should find a business person, get them on board, educate them, give them their talking points and turn them loose," he says.

As a businessman who has worked with the public sector, Allen urges anyone who collaborates with the business community to communicate effectively. This means two things for the early childhood community:

- Recode early childhood terms for business. Allen advises early childhood educators not to speak in jargon, but in everyday language that outsiders can understand.

- Early childhood spokespeople should learn to speak business language. In order to explain terms and ideas to business, the early childhood field needs to know how to speak in a way that makes sense and is compelling to business people. Allen provides an example:

  > Businesses do understand training, safety, standards, and cost, but they may have a harder time understanding group size and staff-to-child ratios. The early childhood community needs to spell it out and relate it to a safety issue. If you have seven infants in a room and a fire breaks out, how is one person going to get them all out of there?

In addition to communicating effectively, Allen also believes that more early childhood organizations should take the opportunity to use business people to lobby elected officials. He says:

> Business leaders all over the country are already talking to our legislators and our elected officials. But they're talking about their own agenda. Those of us who are interested in children's issues need to help our business leaders understand that we need their help in convincing our elected officials about policy changes that should take place for children.

Based on his experiences thus far, Allen suggests the following steps to effective lobbying:

- Help business leaders understand the issues faced by legislators and how those issues relate to their community mobilization efforts.

- Find the appropriate spokesperson. Find the most appropriate business person to talk to certain officials: "If you can find strong business leaders who happen to be from a particular leader's precinct, use them."

- Give business leaders the ammunition and information they need.

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APPROACH 4

Using Business Expertise To Develop Strategies to Finance the Early Childhood System

More and more businesses today are using their expertise to develop strategies for financing early childhood programs. Three of these latest initiatives are described below (see also "Financing Early Childhood Supports and Services").

- A task force on child care financing in New York City, which is chaired by a business leader, but made up entirely of child care experts in the public and private sectors;
- Collaborations of business leaders and early childhood experts in Hawaii and California, who have come together to think about financing their respective child care systems; and
- a task force in Colorado that consists entirely of business leaders, with early childhood experts observing and presenting at meetings.

1.

Business as Chair of an Early Childhood Task Force

New York City Temporary Task Force on Child Care Funding

New York, New York

In 1994, the City Council and the Office of the Mayor created the New York City Temporary Task Force on Child Care Funding. As outlined in the legislation, the group's charge was to:

> Submit a report to the Mayor and the Speaker of the Council. Such a report shall include, but shall not be limited to: 1) identification of the current public and private funding sources for child care facilities and services; 2) analysis of the allocation and use of public funds provided to such child care facilities and services; 3) recommendations to improve the funding of such child care facilities and services; 4) recommendations to eliminate or reduce the duplication and fragmentation of child care services and otherwise enhance the efficiency, effectiveness and economy of service delivery.

The Task Force began meeting in March 1995 and published its final report in early 1996. Its members were appointed by the Mayor and the City Council, and included 14 individuals representing child care and early education constituencies in New York City and city government. It was chaired by Dee Topol, President, The Travelers Foundation.

Having Dee Topol as a chair proved invaluable during the Task Force deliberations. Because she had no vested interest in the specific outcome—other than a strong commitment to improving child care—Dee Topol was able to bring the group together to work toward its goals with greater clarity.

Points of Accomplishment

The timing of the Task Force turned out to be very useful in facilitating citywide planning to prepare for block grants. In order to achieve its goals, the Task Force—with grants from The Travelers Foundation—hired independent consultants to gather data and work with Task Force members in developing recommendations.

The papers commissioned by the task force addressed the demand and supply of child care services, the amounts of public expenditures, and the legal requirements and restrictions governing funding. The Task Force was organized into two work groups: 1) Finance and Capacity and 2) Enrollment and Demand, to allow for more in-depth research and discussion of these issues.

The final recommendations of the Task Force call for reshaping New York City's existing delivery systems to create a consumer-driven, community-responsive, high-quality child care system that makes the best use of available funding. To accomplish this goal, changes have been recommended in four areas:

- Service delivery. Implement fundamental changes in structure to promote expansion of quality child care in the city's communities.

- Standards. Assist publicly funded programs in achieving national accreditation as a means of improving quality.

- Public and private collaboration. Create a non-profit Child Care and Early Education Development Fund to enable the pooling of a variety of funds, and to leverage New York City tax dollars with funds from the private sector.

- Automated systems. Develop a comprehensive computer system for managing all services, funding, and family data pertaining to child care.

Contact

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2.

Business and the Early Childhood Field Working Together on Financing

In California, a retreat that included business, government, and early childhood leaders was the starting point for determining how to finance early childhood education and care.

The Child Care Economic Summit

State of California

In 1993, eight child care advocates convened a diverse group of 40 individuals to create the broad outlines of a California Plan for funding child care services. Funding for this two-and-a-half day Child Care Economic Summit was provided by the David and Lucile Packard Foundation, the S.H. Cowell Foundation and Mervyn's, a department store. Participants included business and labor, legislators, government officials, public finance and public policy experts, economists, philanthropists, and child care experts.

Karen Hill Scott, from Crystal Stairs, a resource and referral agency in Los Angeles, was one of the organizers, and describes the planning behind the Summit that led to its success:

- Participants were carefully chosen—they were all big thinkers.

- The organizers hired a third-party facilitator who could keep the Summit on task.

- Individuals were in one of three assigned groups over a several-day period; thus, they had the time to get beyond "show and tell" to think through financing models.

- Every aspect of the time at the Summit was related to the task, including topics for dinner discussion.

- Ground rules were developed, which asked Summit participants to take risks; to honor past policy models, but also to be willing to move beyond them; to challenge their assumptions and those of others; and to listen and collaborate with the other participants. The participants were also taught how to do "mind-mapping."

The overall task for the participants was: How do we adequately finance child care in California for birth through age 12 at a cost of $8,500 per child per year? Rather than spend time debating cost, the Steering Committee chose the $8,500 figure based on the NAEYC's estimated full cost of quality.

Summit criteria were also pre-established:

- Quality child care and development services should be universally available.

- Most parents can afford to pay approximately 10 percent of their income for child care.

- Parents should be able to choose among a variety of service models.

- Programs should include parent support services.

- An adequate infrastructure is essential to building the system.

Points of Accomplishment

The participants in the Summit came up with three separate financing models:

Model 1: Create a child care trust fund to support parental leave or early care and education for employed parents. The financing mechanisms proposed to support this model are:

- one percent employer and employee payroll tax;

- existing categorical funds for child development for unemployed parents in training and students; or

- leveraged efficiencies from other child care related funds.

Model 2: Expand the mandate of public education to include early care and education. The financing mechanisms proposed to support this model are:

- general fund education allocation;

- increased efficiency with existing child development and ancillary funds; or

- payroll tax for paid parental leave.

Model 3: Establish a child care allowance that supports purchased care and parental care in the home. The proposed financing mechanisms are:

- one percent employer and employee payroll tax;

- increased efficiency with existing funds; or
- welfare reform job training and education funds for job entry/reentry.

The next steps are to conduct research that elaborates on how the financing mechanisms would work; to develop alliances in support of these models, including consumer and constituent involvement; to select a model; and to implement a plan of action.

Resources Available

A limited number of copies of the Steering Committee report, *The California Child Care Economic Summit: Conference Report* are available.

Contact

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The Hawaii Early Childhood Education and Care Finance Think Tank

State of Hawaii

The state of Hawaii was the first state to bring business and early childhood experts together to envision the early childhood education and care system it wanted, and then to figure out how to finance it using both traditional and new financing strategies. A significant challenge existed in developing a system in which business, government and philanthropy were all equal partners in initiating and leading this effort.

In 1991, the Governor's Office of Children and Youth (GOCY), the Hawaii Community Foundation and Hawaii Business Roundtable and others spearheaded Hawaii's Early Childhood Education and Care (ECEC) Finance Think Tank involving business and early childhood leaders. The project was designed to culminate in new financing strategies to support a statewide comprehensive ECEC system serving children from birth to age five in Hawaii by the year 2000.

The initiative evolved into a four-stage process: 1) describing Hawaii's current ECEC system and costs; 2) defining an optimal, universal ECEC system for Hawaii; 3) identifying new financing strategies to support this system; and 4) identifying possible coordinating mechanisms. Launching the implementation of the system and financing mechanisms later became the task of the Hawaii Early Childhood Education and Care Coordinating Committee established by Executive Order in 1994 and ultimately of the Good Beginnings Initiative which followed.

Funding

Three sponsoring partners—the Hawaii Business Roundtable, the Hawaii Community Foundation, and the Hawaii Governor's Office of Children and Youth—funded this initiative. Each partner contributed funding, expertise, and leadership to the project.

History

In Hawaii, as in other states, there is an urgent need for a comprehensive ECEC system. Addressing this need became a priority for businesses, early childhood providers, legislators, government, schools, parents, and the community at large in the late 1980s.

Although there was general agreement that something had to be done, all efforts at innovation were either slowed or stalled because the price tag of a statewide accessible ECEC system seemed overwhelming.

In 1991, several public and private organizations decided to address the challenge by convening an ECEC Finance Think Tank.

At first, it was envisioned as a one-time meeting to brainstorm ways to finance with community leaders known for innovative thinking and expertise in finance, development, taxation, economics, and public-private funding. The Think Tank's sponsors hired a consultant to prepare pre-meeting materials, plan the agenda, and arrange for a facilitator. At the meeting, the seven Think Tank members were briefed on Hawaii's ECEC landscape, and asked to identify a wide range of public and private financing strategies.

The group was so enthusiastic about this assignment that, at the close of the first session, they asked to meet again.

At the second Think Tank session, they made two specific recommendations: 1) to expand the Think Tank to another level—i.e., to be an Advisory Committee representing public and private ECEC stakeholders, and 2) to launch a process to define an optimal ECEC system and determine its cost.

The Think Tank convened an Advisory Committee represented by a broad range of ECEC stakeholders. The Advisory Committee then selected consultants to:

- describe Hawaii's current ECEC system, including supply, demand, costs, funding, and quality;
- describe an optimal ECEC system for children from birth to age five, including a recommended governance mechanism;
- estimate the cost of this optimal system; and
- develop financing strategies to support this system.

Because deciding upon a governance mechanism that would ultimately become responsible for developing the optimal ECEC system and financing strategies was such a complex issue, a cross-sector temporary ECEC coordinating committee was jointly established in 1994. This temporary coordinating committee was charged with completing a master plan for a coordinated system of ECEC to include recommendations for a governing mechanism to implement the plan by the opening of the 1996 state legislature.

Points Of Accomplishment

The work of the Hawaii Early Childhood Education and Care Coordinating Committee resulted in the development of the Good Beginnings Initiative and master plan to build coordinated and integrated early childhood education and care programs and services. The master plan contains strategies for achieving objectives over the next five to ten years that will move the state closer to realizing an optimal ECEC system as envisioned by those who participated in the multi-year planning process.

The Good Beginnings Initiative was officially launched in June, 1996 and endorsed by the Governor through an executive order. A coordinating structure has been established and consists of three interrelated entities: 1)the Good Beginnings Alliance, a statewide, private, non-profit, charitable organization; 2)the Interdepartmental Council of state agencies; and 3)the Community Councils at the local level. Together, as a part of the Good Beginnings Initiative, these entities have begun implementing priority strategies to:

- engage in joint planning;
- forge interagency agreements for improved linkages;
- coordinate adoption of quality standards;
- share information and resources; and
- cooperate in developing an optimal system of early childhood education and care.

In addition, the pioneering work of the Think Tank Advisory Committee identified 56 possible new financing strategies organized into seven categories: grants, loans, bonds, tax policy, changes in state regulation, equity and reallocation of resources. The financing research has resulted in a broader community understanding of the complexity of the current and future ECEC system.

During the course of the Think Tank meetings, relationships and trust developed among the participating finance experts, additional financing options emerged. Likewise, as tax policy experts learned more about ECEC system needs, they recommended tax policy changes to increase ECEC staff salaries and to provide incentives for family child care providers to register and participate in training.

The Think Tank Advisory Committee helped to establish broader public and private sector commitment to building an optimal ECEC system as well as continuing to explore strategies to finance such a system.

Greater public support was demonstrated in 1994, when Hawaii's voters overwhelmingly supported a constitutional amendment to allow special purpose revenue bonds (one of the initiative's recommended financing strategies) to be used for ECEC facility construction and renovation.

Challenges

One significant and on-going challenge was overcoming turf issues among both public and private agencies that fund and/or provide ECEC programs and services. The vision of an optimal ECEC system called for coordination of funding streams, governance, and service delivery in ways that made sense for families with young children, thus eliminating traditional categorical thinking and practice. In reality, however, system redesign efforts in health, in social services, and in ECEC proceeded in a parallel process, rather than being integrally linked. Initial steps toward linkages are now occurring among representatives from a spectrum of reform initiatives in the state. (Editor's note: *Hawaii is now a Carnagie Starting Points Project site with service integration a key focus.*)

In addition, although community forums were held, because this initiative was carried out at the state level, there needed to be more local participation to identify and incorporate local/regional financing strategies and resources or to build local ownership of and support for its results. (Local discussion and community ECEC planning will be one of the first activities carried out through the Good Beginnings initiative.)

Another obstacle was trying to choreograph the initiative's pace to accommodate the needs and desires of private sector partners who were uncomfortable with a long, drawn-out process, and by government partners who were more comfortable moving forward in a slow, cautious, and deliberate way. This dynamic tension between institutions and individuals with a different tolerance for "process" remains a significant challenge that can either serve as a healthy stimulus for change or block progress.

The most challenging obstacle (and opportunity) this initiative now faces is to continue its momentum in a climate of budget austerity and block grants.

Next Steps

Much careful thought has been given in Hawaii to what constitutes an optimal system of early childhood education and care. While families of young children, service providers, and advocates of children are committed to achieving this vision, most recognize that current limited resources compared with extensive system needs dictate an incremental approach. To progress, steps will be taken to develop even stronger partnerships between state and local government, individual communities, and the private sector.

Advice

If this initiative were to be replicated, its planners would recommend several elements that they learned were key:

- Think as inclusively as possible when establishing a stakeholder group. For example, the original project advisory committee did not include United Way or representatives of unions, media, or the military. Although their representation was later added, earlier participation by these groups would have been beneficial.

- Call on businesses to provide business expertise, rather than funding. This strategy resulted in effective business participation in both developing financing strategies and advocating for system change.

- Establish ways to include system reform efforts focusing on health and family support for young children and their families with ECEC system redesign and financing efforts.

- Arrange for financing experts and other stakeholders unfamiliar with ECEC programs and services to actually visit a variety of ECEC settings and be able to hear from families of young children. In Hawaii, this step occurred late in the process in response to ongoing confusion about a perceived difference between "early childhood education" and "child care." After visiting ECEC centers, traveling preschools (a project where preschool equipment is packed in vans that travel to different locations in communities), and family child care homes, and talking with parents of young children, business, philanthropy, and policymakers (especially men) gained a new respect for ECEC providers and a better understanding of the critical work that they do.

- Be responsive to the fact that a broad-based stakeholder group represents very different cultures and languages (this is especially true in Hawaii) and that time must be taken to develop common language and definitions.

- Provide leadership that encourages ECEC providers and advocates to see their business, media, and legislative partners as other cultures that must be acknowledged and respected.

- Use outside (e.g., national foundation) funding to leverage local support.

- Involve outside facilitators and/or consultants to keep the process moving forward. Hawaii brought in a think tank facilitator from another state who was able to make observations and recommendations that were well-received.

- Create a process and structure that accommodates both leaders who want to move quickly and those who prefer a more lengthy process of creating system change.

- Acknowledge and accept that collaboration is by its very nature a slow process.

Resources Available

All of the project's research, including a description of Hawaii's current ECEC system, the vision of an optimal ECEC system for Hawaii in the year 2000, and financing the system and a series of technical appendices to these reports have been published by the Governor's Office of Children and Youth and are available upon request.

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3.

All Business Task Force

Some of the problems of bringing the early childhood community together with business leaders—due to differences in style, pace, and format—are avoided when a task force is formed that is made up entirely of business representatives. This is the approach that First Impressions took in Colorado when it established its Business Commission on Child Care Financing. Based on the belief that business has a role to play in early care and education, community and business leaders were convened to look at child care as a business that needs improvement and to suggest solutions.

Business Commission on Child Care Financing

State of Colorado

Modeled after Hawaii's Early Childhood Education and Care Finance Think Tank, the Business Commission was created on May 7, 1995 by Governor Romer through an executive order. The Governor appointed 25 Colorado leaders in business and finance and asked them to:

- assess child care problems and recommend financing strategies to solve them;
- identify possible funding streams that could be used to finance a system of early care and education;
- develop a long-term plan to finance early care and education; and
- submit recommendations for determining how the state's General Assembly could implement changes in the current policy to ensure that parents have quality child care choices.

Kathleen Shindler, a policy advisor working at First Impressions, describes the thinking behind the development of the Business Commission: "We wanted to look at these finance issues as one would for a business investment. And, when the time comes, these business leaders will also help us sell whatever program or plan they develop."

Accordingly, the Business Commission was facilitated by a former state legislator, Sam Williams. According to Shindler:

> Convening a group of just business leaders was a different way of working because we believed this group would think big and that the public would listen to what it had to say. Be aware, however, that we did invite representatives from early childhood organizations to present at the first meeting and have kept them informed of the Commission's work.

The Business Commission began a six-month process in June 1995 to assess the current finance system of early childhood care and education, and to investigate ways to improve that system. Chaired by Douglas Price, President of FirstBank of Denver, the Business Commission has identified financing strategies, reviewed creative funding strategies used by other states, and found additional sources of funding. In the course of the deliberations, the Business Commission members were briefed by early childhood experts in Colorado as well as national experts about the impact of maternal employment on children, child care financing and other issues. In addition, leaders of the early childhood community came to observe the meetings and were available as sources of information if questions arose.

Points of Accomplishment

The Business Commission completed its sixth and final meeting in October 1995 and released its report in December. It made 12 recommendations:

Recommendation #1. Establish model planning and zoning programs designed to increase and impact the supply of child care.

Recommendation #2. Develop and distribute a business-oriented resource guide describing child care employee benefit options.

Recommendation #3. Design, implement, and distribute a packet of model child care programs that can be locally replicated or adapted by employers of varying sizes and organizational structures.

Recommendation #4. Establish a multi-bank community development corporation that will provide loans and other financial assistance to child care providers.

Recommendation #5. Develop and distribute a child care consumer guide for parents.

Recommendation #6. Restructure the current Colorado enterprise zone child care contribution program to improve the availability, quality, and affordability of child care.

Recommendation #7. Initiate legislation to establish a voluntary child care check-off on Colorado state income tax returns to fund quality enhancement in licensed child care facilities through a dedicated funding source.

Recommendation #8. Initiate a refundable child care income tax credit for Colorado families to significantly assist them in paying for licensed child care.

Recommendation #9. Initiate a change in property tax assessment rates to allow child care facilities to be taxed at the residential rate rather than the commercial rate.

Recommendation #10. Develop policies that provide for the utilization of existing public educational buildings for child care programs.

Recommendation #11. Convene a governor's statewide summit on business and child care.

Recommendation #12. Create a permanent business and child care commission.

As recommendations are made public, Sam Williams will continue to work with business leaders and the state's General Assembly to act upon the Business Commission's recommendations. At that time, he will also begin to work on other recommendations made by Colorado's Business and Child Care Council. Since the 12th recommendation calls for the establishment of a permanent business and child care commission "to guide the implementation of these recommendations," it is clear that business will continue its role of working with the public and private sectors on how Colorado cares for its children.

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QUESTIONS TO CONSIDER

Business Involvement in Community Mobilization

1.

How can we begin?

- Target those businesses that are most likely to want to participate. Find out who in the community is already interested or who has built-in interests in the cause—possibly because of the nature of the business, the employees in that business, the customers the business serves, or their personal experience.

- Look for individuals who are "predisposed" to the cause. According to Robert Wehling, Senior Vice President, Procter & Gamble:

  > You have higher odds if you find someone who's already leaning your way and get them to do more. Don't enlist anyone from business to help unless they are personally and genuinely enthusiastic about being involved. They must be willing to take the personal time to truly understand the problems and the issues that you are dealing with.

- Make personal contact. "It's a one-person-reaches-one-person thing," says Dee Topol, President, The Travelers Foundation. If possible, have a significant community leader, a respected elected official, or a business colleague make the first contact.

- Make a business case for participation. Business leaders will typically not get involved unless there is a strong business reason for doing so. As the old adage goes, "You see the light when you feel the heat."

- Show how a partnership will bring results. Once the business has been sold on the issue, present the ways in which the initiative has the capacity to bring about change or make things happen.

2.

How can we maintain business involvement?

- Create clear expectations. Be sure that business and community leaders are clear about tasks and responsibilities and expected results.

- Continue to provide needed background information. Wehling has seen initiatives fail when not enough time is invested in providing background materials needed for decision making.

- Create a "bonding" experience. Social service agencies, educational institutions, and government generally approach issues differently than many business people do. Wehling states:

  > There needs to be some kind of retreat or something that groups do together that helps them to develop a common language and a common set of expectations.

  For example, he suggests hosting a workshop or seminar that uses a structured vehicle such as the audio- or videotape series by Stephen Covey titled Seven Habits of Highly Effective People. Here, Covey provides a framework that teaches individuals how to work effectively together; it also strongly emphasizes the need for a commonly developed mission. Another example comes from Hawaii's Early Childhood Education and Care Finance Think Tank. Early childhood leaders organized visits to child care programs with an observation guide so that business leaders could see the issues first hand and become familiar with the vocabulary that early childhood professionals use.

- Agree to a timetable. Wehling says:

  > Business people often want to move faster than a lot of the agencies do. But both sides need to listen to each other. The business people need to understand why speed may not be in the best interest of the outcome we seek. By the same token, the [early childhood] people need to see that maybe there is a way to do something faster than they had thought.

- Assign meaningful tasks. All too often, things fall apart when early childhood leaders don't ask business to do things that are meaningful. Once you have gained the commitment of business, it is essential to keep the enrolled companies involved. "Give them something to do so they can feel that they are helping," says Topol. Active participation goes beyond attending meetings. "You can't just engage people in the issue, tell them to come to a meeting, and then—three months later—tell them to come back to another meeting." Topol has seen occasions where businesses will stop coming to the meetings. "They begin to think, 'What am I doing here? Why do they need me?'"

- Keep business leaders informed. Pick up the phone or write to participants to let them know how things are going.

- Give business leaders sufficient credit and recognition for achievements.

3. What are issues to keep in mind when working with business?

- Dependent care may be a harder sell than other issues receiving the support of business. Business leaders may choose to be involved with visible issues such as crime, homelessness, or hunger. They may select issues that provide a traditionally obvious direct benefit for their companies—such as higher education or school-to-work programs. They may feel more comfortable setting short-term goals than setting the long-term investments often required by dependent care.

- It is important to deal with the ambivalence that business leaders may have. For example, child care can be less acceptable as a business cause, as it seemingly contradicts some common assumptions such as these: children should be at home, cared for by their mothers; employees should leave their personal problems at home; child care is a women's issue, not a business issue; business has no right to interfere with family life; the quality of child care is not important because a good family life will protect children if the child care is of lower quality; children do not really begin to learn until they enter school.

Dealing with ambivalence as it arises is necessary to ensure the full commitment of participants.

- The dependent care community must also take responsibility for explaining the complexities of its field to the business community in an understandable way. Unlike the public schools, there is no single point of entry to the early childhood field. Drawing diagrams of different programs, their auspices, and their funding sources can help.

- Dependent care leaders must help business leaders understand the difference between improving programs and improving systems. Business leaders may not understand enough about the field to understand why systemic change is necessary. They may tend to think in terms of "program" rather than "system." Explaining why the early childhood field (like other industries and social services) needs an infrastructure can clear up this understandable confusion.

Summary

In the space of a few short years, there has been an increase in the involvement of the business community in community mobilization efforts. Although useful models have been created for other communities and states to use or adapt, the innovations still tend to be confined to a few parts of the country. Enlarging the involvement of business is an important task for the coming years. It is clear that business involvement to date makes a difference in the quality of the results and in the lasting power of community mobilization efforts on behalf of children and their families.

Community Mobilization

Implementing the Vision: Creating Quality Services for Young Children and Their Families

- Re-forming Communities to Serve Families of Young Children: A Continuum of Change
- Improving the Quality of Early Care and Education

Chapter 5

Re-Forming Communities to Serve Families of Young Children: A Continuum of Change

Imagine that you and your spouse are about to become parents for the first time. You must both work to afford a two bedroom apartment. You sign up for an after-work childbirth preparation class. It is held in the meeting room of a restaurant that provides free pre-class dinners to participating couples and their children. During class, senior citizen volunteers care for the children in a neighboring park. Once a month, your doctor meets with you before class for a prenatal visit in an adjacent family resource center and clinic. You and your expectant neighbors get to know one other and become friends during the classes. You plan to go to parenting classes together and anticipate the time when you'll be stopping by the family center for preschool story hours, exercise classes, family camps, outings and child care referrals. As you and your "classmates" celebrate the eventual birth of your children, you start a neighborhood tradition of community birthday parties that will continue well into your children's futures.

Imagine that you are a single parent with three children aged four, eight and fourteen. Your spouse died two years ago leaving no life insurance benefits. Your eight-year-old's elementary school principal had a similar experience and had been a source of great support. She gave referrals to low-cost counseling for both you and your children. Your kids received play therapy and you got to meet other adults who were coping with similar issues.

Imagine that you are a grandmother or grandfather with time on your hands. You recently retired and have been feeling depressed. Your own grandchildren live too far away to see often and you miss being around younger people. You start spending more and more time in front of the television and stop many of your regular activities, like your daily walk. When your former employer sends a letter asking for volunteers for community programs, you decide to walk to your neighborhood park once a week to read stories to preschoolers in the park's early care and education center. Their enthusiastic affection and curiosity inspires you and gives you lasting energy. It's especially convenient, because after story time, you go downstairs to the community room for your weekly senior stretch class. Sometimes, you walk over to the center just to say 'hello' to the children or to bring them a treat for snack.

Imagine that you recently divorced. You decide to care for and educate young children in your home rather than get an outside job. You want to be home when your six and nine-year-old children return from school. After you go through the process of getting licensed you add a six-month-old baby, a two-year-old and a four-year-old to your family. You love your work and the joy of seeing the children grow and learn, even though the work is exhausting and the pay is low. You are part of a family child care network sponsored by a nearby child care resource and referral program. The network offers training, lets you borrow toys, books and equipment and does your bookkeeping. They even provide substitutes so that you can get out of the house once a month to shop, go to workshops, visit other family child care homes or just relax by yourself.

Do these scenarios sound too good to be true? Maybe. But increasing numbers of states and communities are envisioning a future in which scenarios just like these would be commonplace. These states and communities are also learning that achieving their visions requires re-thinking and re-forming how communities work from the perspective of families with young children. This new, "customer-driven" orientation to the way communities support or invest in families and children requires enormous change on many levels.

Traditionally, the federal government, states and communities have viewed and operated early care and education, public schools, family support and health services as separate systems. This perspective is reinforced by separate policy mandates, funding streams, regulations and by the different skills and training required by professionals working with young children and their families in each of these domains. Because it is often simpler to "do your own thing" than to work with others to build and achieve a common vision, individuals and organizations often contribute to the lack of coordination by viewing their place in the community too narrowly or in isolation, rather than considering the bigger picture.

Too often this lack of coordination results in segmented or duplicative services that are inefficient and burdensome for families, professionals and organizations—and expensive for their states and communities. Although well integrated and coordinated programs and services are needed to support the healthy development of young children and to achieve the first National Education Goal of having all children in America starting school ready to learn by the year 2000, too many states and communities are stuck with inefficient systems, policies and practices that do not serve to further their interests.

The challenges are many. Diminishing resources for social programs and "turf" issues combine to make the task of creating new systems complex. In the words of a member of a community task force working to coordinate services, "Everyone believes integrating services is the way to go...but very few are willing to adapt as necessary to make it work."

Increasing use of state and federal block grant funding represents another challenge for community mobilization leaders. Yet it also represents a significant opportunity to truly reform the ways in which states and communities work across domains (e.g. education, health, family support, child welfare, etc.) to foster more integrated service delivery, to facilitate the most effective use of funding and other resources, and to improve the quality of services across the board.

The potential rewards are tremendous. Creating networks or systems of integrated early childhood programs, services and resources in partnership with participating families will assure that these families will be better able to access needed assistance. Such systems empower parents, build on their strengths and can create the caring communities so many of us long for. Effective systems of services "work with" families rather than "do to" or "do for" families. As families become stronger, they are better equipped to become full participants in helping their communities grow towards a productive future.

This chapter begins with guiding principles and advice from states and communities involved in diverse community mobilization initiatives. It also describes three stages along a continuum of structural change that occur as states and communities mobilize on behalf of young children and families.

The first stage involves efforts to link and coordinate individual programs and services in a neighborhood or a community. In the next stage, communities undertake broader systemic planning and change initiatives. In the third stage, states and communities move to institutionalize changes through governance structures that support integrated services.

This chapter addresses why each stage occurs, what occurs at each stage, the predictable challenges of each stage and success strategies, followed by examples of each stage.

PART I

Guiding Principles

Where does a community or state begin? According to Bernice Weissbourd, Executive Director of Family Focus, a Chicago area family support program, "The family support approach holds many keys to how best to reform services." Weissbourd, known as "the mother of family support movement," suggests that states and communities adapt and apply principles of family support to coordinate and link services, to mobilize reform of early childhood systems and to restructure how new systems are governed.[1] These are the principles of family support practice, which we'll continue to touch on throughout this book as key to improving communities for children and their families:

- Staff and families work together in relationships based on equality and respect.

- Staff enhance families' capacity to support the growth and development of all family members—adults, youth, and children.

- Families are resources to their own members, to other families, to programs, and to communities.

- Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.

- Programs are embedded in their communities and contribute to the community-building process.

- Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.

- Practitioners work with families to mobilize formal and informal resources to support family development.

- Programs are flexible and continually responsive to emerging family and community issues.

- Principles of family support are modeled in all program activities, including planning, governance, and administration.

The Boston Foundation's Persistent Poverty Project developed a complementary set of seven principles to guide system reform as the project works to transform low-income Boston neighborhoods. Project leaders suggest that system reform processes:

1. incorporate those directly affected by policies at the heart of dialogue and community-building;

2. value racial and cultural diversity as the foundation for wholeness;

3. promote active citizenship and political empowerment;

4. build on community strengths and assets;

5. ensure access to fundamental opportunities and remove obstacles to equal opportunity;

6. support and enhance the well-being of children and their families; and

7. foster sustained commitment, coordination and collaboration based on a shared vision and mutual respect.

Advice

Community mobilization leaders who have been working to create "family-friendly" communities have also learned some lessons about what is needed to succeed:

- Think in new ways. Existing community institutions (employers, civic organizations, health, education and family support providers, media, etc.) and families must all re-think how they function in the community and in relation to one other. This can be unsettling to many and great care must be taken to build quality and integrity into every aspect of a community mobilization process.

- Identify and meet the needs of diverse personalities and organizational cultures involved in an initiative. Collaboration requires that you transcend the inclination to work only with people you enjoy or who resemble you. People and organizations vary enormously, with different ways of communicating, different expectations, habits, personalities and reasons for collaborating. Government organizations move slowly while business organizations move quickly. Some people hate change while others thrive on it. Community mobilization leaders will always be called on to facilitate respect and understanding by keeping the focus on shared visions and goals.

- Overcome "turf-ism." Community mobilization involves serious challenges to perceived "turfs." Success requires both a process and an atmosphere in which diverse partners are equally respected and enough trust exists to allow everyone to give and gain. This may require starting with easy issues over which there is more consensus and addressing more challenging issues after participants have gained more mutual trust.

- Accept that change is a complex process that takes a long time. It is also a process that is uncomfortable for many people. It is better to expect and plan for these realities than to be surprised and frustrated by them. It is also often worthwhile to incorporate specific strategies (e.g. training, retreats, mentoring, incentives, etc.) to support and encourage those being asked to change.

- Think big and start small. Although it is tempting to want to do everything at once, individuals experienced in creating lasting community changes invariably suggest "thinking big and starting small." Dreaming and working together to create a directed vision is key to enduring success. At the same time, it is important to start implementing change on a small scale. Lasting change takes place primarily through relationships—and relationships take time to develop. Starting small has the added benefit of helping make small accomplishments tangible. Taking time to acknowledge and celebrate these accomplishments can help sustain the initiative's long term momentum.

- Have realistic expectations—of yourselves and of your community. Because change is complex, being realistic will guard you from becoming overwhelmed or disappointed when you encounter initial obstacles or when change occurs faster or more slowly than you anticipated.

As you consider what you can reasonably expect, think about what your community can realistically handle. It can be tempting to believe that the community and families are the source of all solutions. And, indeed, there is much that can be done at the local level—more than many of us have ever imagined. At the same time, many issues also need to be addressed at the city, state, and federal level. It is important that we not "dump" unrealistic expectations and responsibilities on our communities.

- Involve families as real partners. To create effective systems, families must be included in every stage, from the initial planning meeting to ongoing program development. For many agencies and communities, this means a new way of conducting business. In cases like these, linking and coordinating services is about much more than simply bringing together agencies. It is about building new kinds of relationships between service providers and those they serve. Perhaps the most formidable obstacle to forging these new kinds of relationships can be found in prejudice and unrealistic expectations of parents' potential contributions. To explore attitudes towards parents—feelings you may not even be aware you have—it may be helpful to ask yourself and colleagues the following questions:

    - Do I truly believe in parent involvement on the program and policy level? Why or why not?
    - Do I value parents' opinions?
    - Am I ready to listen to parents?
    - Do I create an environment in which parents feel comfortable to speak freely?

Across the country, many communities are discovering the importance of working with parents as partners. And together with parents, communities are discovering ways to make integrated services work. Our chapter titled "Mobilizing The Voice Of Parents" shares strategies you may want to consider as you work to involve families.

- Include and meet the needs of diverse families within an initiative. To be effective, efforts to coordinate and link services need to be grounded in respect and understanding of ethnic, linguistic and cultural diversity.[2] According to Hedy Nai-Lin Chang, Co-Director of California Tomorrow, the profound demographic shifts in California have made it clear that "coordinating existing services will not create a system which effectively meets the needs of an increasingly diverse population." After looking at many collaborative efforts, California Tomorrow has concluded that efforts must take simultaneous steps to 1) make services more linguistically and culturally appropriate to their clients, and 2) integrate the people of the communities served into the very process of designing more appropriate programs and policies. Chang says:

> Always underlying the collaborative process is the question, who has the right to speak for the children and families in need? If the person or agency given the authority to make decisions is not a member of the impacted community, even the best intentions may be viewed with suspicion. Building trust and addressing these kinds of questions head-on are perhaps the biggest challenges to successful collaboration.

- Build bridges with the education, mental health and health community. For example, in many initiatives, involving the health community poses unique challenges. In addition to the "turf" issues discussed above, communication barriers must often be overcome. Communities are finding that, although building bridges takes time, it can successfully be done. It has been helpful to bring representatives of the health community—including doctors and dentists—to the table from the beginning of a community mobilization process. Medical professionals—like anyone else—are more likely to become and remain involved in meaningful ways if they participate in shaping an effort from the onset. Some communities are working to help health care providers see the benefits of collaborating with the early childhood, education and social service communities.

For example, in Washington State, the Resource and Referral Network reaches otherwise inaccessible families with information about Medicaid. In Hawaii, some physicians are beginning to accept Medicaid patients because they know that they can call on available family support services to meet the sometimes overwhelming needs of the families they see. Other communities are taking medical expertise to child care settings. For example, in North Carolina, one Smart Start county has hired a public health nurse to visit a limited number of child care centers and family child care homes. These visits have helped educators get support around health-related issues and have resulted in the identification of Medicaid-eligible children and families who may otherwise have been overlooked.

- Nurture new professional behaviors. New kinds of systems and professionals need new kinds of training and technical support, both in the long and short terms. Involving professionals across domains to define and deliver these supports represents another opportunity to foster customer-driven collaboration.

- Remember that change works best when those involved perceive that there are real incentives or rewards for changing. It is also important to frequently assess progress toward shared goals and recognize and celebrate accomplishments.

PART II

The Continuum of Change

STAGE 1

Linking and Coordinating Services at the Local or Program Level

Why Do It?

Communities arrive at this stage for a variety of reasons. Some begin to think about linking and coordinating services to make communities more "user friendly" to families. They realize that child and family needs are interrelated and that it helps families if many services are provided in one place. This approach is often referred to as "one-stop shopping" or "seamless service delivery."

This stage can also occur when government or private funders require coordination in order to receive funds. Sometimes, program managers or service providers realize that it makes good business sense to link or coordinate services. They may be experiencing declining enrollment and decide that adding value by providing easy access to additional services will increase their client base. Others worry that they may lose clients and/or funding in the future if they don't link and coordinate with other related services in the present. Still others believe that if they work with, rather than compete against organizations providing similar services to the same families, everyone stands to gain.

What Occurs?

The first step that typically occurs during this stage is information sharing. Various related service providers or community mobilization leaders seek and share information about the "big picture"—the full array of programs and services offered in the community.

The next step involves negotiating among the various program and service providers to explore how linkages and better coordination would serve families. Sometimes the information sharing and negotiation phase of this stage continues for several years. Sometimes, this phase occurs more quickly and progresses to trust and relationship building. As noted earlier, trusting relationships are essential to a successful change process. Successful community mobilization leaders and participants are mindful of this fact and encourage many opportunities for trusting relationships to develop among potential community partners.

Once prospective partners know, trust and respect one other, they are usually more open to formal cooperative planning and service agreements in which they actually plan for and deliver services that involve two or more organizations. This may include sharing facilities, staff and/or funding to better serve their communities. Such collaboration can require years to accomplish and is never simple. Yet the community benefits of well-integrated services are often worth the struggle.

Challenges

This stage of change also involves a variety of obstacles and challenges that must be faced and overcome for success. The most common and often the most obvious challenge is the fear by those being asked to change that they will lose power, constituencies, funding or part of their essential identity. Often, these fears become evident in apathetic or resistant behavior. Experienced community mobilization leaders suggest that the best antidote to this kind of resistance is to use a process that:

- helps participants stay focused on a shared vision and goals;
- makes the rewards of greater collaboration obvious; and
- involves those being asked to change in designing the changes.

A related and often less obvious challenge is that, in many cases, attempts to blend programs and services are resisted by professionals who fear losing control of their work—often autonomy they have worked hard to achieve—to other agencies, community volunteers and/or families. This phenomena represents a central current challenge to all early childhood professionals (health, education, family support, mental health, etc.). Although each professional domain involves specialized skills and knowledge, a family-centered approach requires that professionals know more about each other's roles so that services can be organized to best serve families. It also requires that professionals see families as real partners, rather than as "clients."

Another challenge for those trying to facilitate greater linkages and coordination among early childhood programs and services is conflict among the various rules and regulations established by the often separate and parallel authorities that provide federal, state, county and city funding for various early childhood services. Some communities have included an examination of all of these rules and regulations in their initial assessment process and include recommended changes in their goals.

A final and significant challenge at this stage presents itself in the form of facilitating linkages and coordination among services. This kind of linkage and coordination requires a great deal of time and energy on an on-going basis. Yet these activities are often voluntary or poorly funded. Pro-active community mobilization leaders should think strategically about securing resources to support stage one change efforts with staff, meeting amenities, telephones, printing and postage over a period of one or more years to facilitate success. Initiatives will be further strengthened if all involved contribute either funds or in-kind services to the combined effort, literally "buying-in."

What Makes it Work

Successful community mobilization leaders have learned that there are several factors which contribute to successful linkages and coordination among early childhood programs and services. These factors include:

- a champion or leader who cares deeply about making change happen;
- committed participants representing the public and private sectors and many, if not all, early childhood domains (e.g. health, education and care, family support);
- stakeholders who are willing to forgo ego and "turf" issues to achieve a common vision;
- government leaders (both elected and civil service) who are committed to reform;
- respectful family/consumer involvement;
- funding incentives;
- neutral convenors;
- skilled facilitation; and
- training in collaboration skills.

A Vision Becoming Reality: Stage One Example

Across the country, people in communities and states are beginning to look to the family support model and to work together to find their own answers at a programmatic or local level. Rather than emphasize what they have to offer, some service providers have begun to focus on identifying the needs of families—their consumers—and figuring out how they can best collaborate with others to meet these needs in ways that are user-friendly and responsive. They are finding that early childhood settings and schools—places where children and families come each day—are natural settings. These settings have many resources to turn their visions for comprehensive and coordinated services into reality, although coordinated services can be housed in a variety of settings, including schools, family centers, parks or health clinics.

Unfortunately—or perhaps fortunately—there is no single model that applies to every community. Collaborations must be responsive to the needs and culture of each state or community. And these efforts are so new, that everyone involved is learning as they go.

Yet crucial similarities do exist. In their efforts to link and coordinate services, communities follow many of the steps we discuss throughout this book: getting started, assessing needs, mobilizing the consumer voice, involving business, maintaining momentum, reforming states and communities to support families, developing financing mechanisms, engaging the public, and assessing progress and results. Communities can learn through the experiences of others, such as the following description of a Washington, DC early childhood initiative.

Frederick Douglass Early Childhood Education and Care and Family Support Center

District of Columbia Early Childhood Collaborative

Washington, DC

The District of Columbia Early Childhood Collaborative began in 1990 when over 150 representatives from an array of agencies providing services to families came together to begin discussing a model of service delivery different from the fragmented education and human service systems that existed at the time. They wanted to provide a continuum of early childhood services integrated with family support and to join together many factions of the social service, government, education, early childhood and business communities.

A core of approximately 50 people took on the task with the creation of the Early Childhood Development and Support Center. It was decided that the Douglass and Stanton Dwellings, one of DC's development zones, would be a good initial test site for creating comprehensive, integrated services. In meetings with city officials, community members had previously identified a variety of needs including a community meeting space, parent education, infant and toddler care, and access to basic health care. These became the initial services planned to be offered by the Center. According to Barbara Kamara, "The fact that we began by listening to families has been one of our greatest strengths. Only by listening to them could we begin to understand their strengths and their needs."

Many of the agencies and businesses represented by Collaborative members offered funding or services. However, additional financing and support were necessary to coordinate services. To respond to these needs, the Early Childhood Committee, consisting of interested parties from the private sector was formed. Initially, the committee raised $200,000 to construct an infant care space within the Center. As moneys were obtained, chapters of Parents As Teachers, a national parent education program, and Healthy Start, a basic health education program directed toward parents with young children, were also started.

According to Barbara Kamara, Director of the D.C. Office of Early Childhood Development:

> Members of the Collaborative and Early Childhood Committee represented a wide variety of disciplines. To turn our vision into reality, they needed to learn each other's language. Although it was often a struggle to develop clear, open communication, participants were tenacious. It was as if their commitment to children and families helped them through the bumpy times when communication became arduous.

The Collaborative and the Early Childhood Committee have continued to work toward realizing their goal of unified services for families. One by one, various community agencies have negotiated and signed agreements to provide services or staff members to the Center's efforts. Janitorial services, health screening, maternity outreach, adult education and GED preparation, scouting troops, mental health support services, infant and toddler care, alcohol and drug abuse counseling and referral, and child care training are all being offered by the Center.

The collaborative will soon begin construction of another early childhood facility to serve 100 children and their families. At the same time, the Early Childhood Committee searches for funding. The Center is supported by a large number of city government agencies and it is difficult to create a long-range strategic plan due to changes in Congress's federal decision making agenda.

Points of Accomplishment

- Helping participants understand the need to collaborate was a crucial step in the success of the initiative. At the beginning of the process people had trouble understanding this need. However, after much discussion and time for partners to get to know each other, participants came to realize that they were all committed to serving the same clients—and that they could provide this service more effectively by working together.

- Grasping the concept of family support was a time-consuming process. In the long run, however, , organizations and individuals have benefited by understanding the importance of involving families in order to build on their strengths instead of deficiencies.

Challenges

- Need for a full-time staff member. A large portion of daily management has to be performed by volunteer staff already working full-time jobs. It is crucial that a plan be devised to ensure funding to hire a full-time staff member. With this provision in place, many of the Center's current and future activities could be addressed more consistently.

- Communication remains a challenge. Although the Collaborative and the Committee function well, communication can be difficult. Because of the large number of individuals involved, miscommunication and/or lack of communication can be a hazard.

Next Steps

- Construct a computer network in order to connect with other agencies. As expansion occurs, it will assist in smoother operation of the overall project.

- Link the present site to a new facility being designed to provide care for up to 100 children ages 0-5. The facility is based on Italy's Reggio Emilia design, an innovative educational model with a community-based, family-involved school system.

- Offer services similar to those offered by the Early Childhood Development and Family Support Center to two other city wards. As with the original center, it is expected that steps into these areas will be slow and must meet the specific needs of each community.

- Provide citywide family support. It is the Collaborative's hope that systemic change will be created by ongoing involvement from community-based groups and sectors currently represented by the Collaborative. Within its structure, all resources can be brought to the table. Eventually, every family in every community can have its needs addressed.

Advice

- Consider all community needs when developing services and service delivery systems. This will provide a valuable overview on your goals. It will help you think about the basics of a system and help keep your vision clear of extraneous details.

- Take steps to assure that all collaborators reach a common consensus and understanding of goals in order to achieve a broad-based support system. Open, on-going communication is vital when involving individuals who may habitually work in diverse cultures and with diverse methods.

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STAGE 2

Systemic Planning and Reform Initiatives

Why Do It?

Stage Two often begins when program level efforts cannot or do not change policies. Community mobilization leaders then realize that their goals and activities must address structural, legal or other changes needed to facilitate better "family-friendly" service delivery. This stage also commonly begins when program level efforts to link and coordinate services have been successful in saving resources and serving families better. When success has been achieved at a neighborhood or community level, counties and states often seek to replicate successful strategies on a broader level.

What Occurs?

This stage typically begins a more formal systemic change process and usually involves broader stakeholder participation than stage one. In addition to the information sharing, negotiating and relationship building that also occurs in stage one, this stage involves initiating the community mobilization process described throughout this book. During this stage, pilot system change initiatives are often implemented on a broader basis and a wide array of system changes are recommended and/or implemented as part of a process that involves creating visions and goals.

Challenges

Stage two obstacles and challenges are the same as those encountered in stage one: agencies' fear of losing power, turf and funding; professionals' fears of losing control; conflicting or inflexible funding rules and regulations; and the amount of time and energy this stage requires for usually unfunded activity. The challenge added at this stage involves the scope of the changes envisioned and the increased numbers of stakeholders involved. Planning for systemic change at a community or state level is much more complex than figuring out how to better link and coordinate neighborhood or community services. More stakeholder participation requires more careful planning for each stakeholder's contributions. Yet, it also offers an opportunity for greater access to and influence with the decision makers who will ultimately affect an initiative's success.

What Makes it Work

Experienced community mobilization leaders identify several factors that can increase the success of this stage, including:

- funding and staff support over time (from three to five years);
- participation of all stakeholders;
- support of state and local champions;
- high level, bi-partisan state support;
- family involvement throughout the entire process;
- funding incentives for success;
- neutral convenors;
- skilled facilitation; and
- training and technical assistance to support change and collaboration.

Moving to a Systemic Focus: Stage Two Example

Most programs and communities struggling with governance issues are not doing so in a vacuum. They must take existing (and often fragmented) systems into account, including the constituencies that have come to rely upon and support existing structures, such as service providers, consumers, employees and unions.

In addition, state and community mobilization leaders consistently report that success requires both a "top-down" and "bottom-up" approach. This approach is impossible at the local, or programmatic level without the support of state and local leaders in both the public and private sectors.

Some states and communities have initiated community mobilization processes that provide incentives for re-forming how systems are governed and coordinated. Ohio's Legislature, for example, established local "regulation free zones" in counties participating in Ohio Family and Children First—an initiative to mobilize counties to improve the quality of life for young children and their families. This provision allows local community mobilization leaders to rethink rules that often prevent effective cross-sector, family-centered service delivery. Regulatory changes recommended by counties are then negotiated with state and federal officials.

Other states and communities have mobilized broad-based, multi-sector action teams to assess needs and to develop plans to link and coordinate programs and services across current systems. Some state initiatives have included seed funding to explore new cross-sector planning structures or funding that is available to a local community only after they have developed such a plan. Still others have established parallel government and private sector organizations at both the state and local levels, to work in partnership to "re-form" how programs and services for young children and their families are designed, delivered and governed.

Chatham-Savannah Youth Futures Authority

Savannah, Georgia

The Youth Futures Authority (YFA) is a collaborative, non-profit body created by state law for planning, advocacy, community education and evaluation of children and family services in Chatham County—a community with very high rates of infant mortality, teen pregnancy, school drop-out and child poverty. Created when the City of Savannah received a New Futures Grant from the Annie E. Casey Foundation, YFA is comprised of representatives from education, city and county government as well as the community and business sector. It encourages change in the policies, procedures, and funding patterns needed to enable the youth of the community to succeed.

A Transition from Program to System Reform Initiative

Originally conceived as a narrowly focused school-based program for "at-risk" youth, YFA found that in order to better serve children, attention had to be paid to their families within a community context. It was simply not enough to focus on children in a school setting. As a result, YFA has evolved into a prevention oriented, family focused system reform initiative. Services available to children of all ages and their families include child care, full day Head Start, summer camp, evening meals, health services, after-school care and tutoring, enrollment for WIC, food stamps, Medicaid and AFDC, youth development programs, and mental health services. Services are offered from a variety of sites. These include a neighborhood resource center, middle and high schools, and neighborhood churches.

The Power of Monitoring Progress

Evaluation has been an important part of YFA's efforts since its inception. The Authority has established four "outcome areas"—healthy births, school readiness, childhood success, and transition from adolescence to adulthood. YFA's commitment to outcome-based evaluation encourages the community to focus on its shared vision and common goals, and to agree on strategies and inter-agency agreements to address problems that are beyond the capacity of single agencies to solve. Since YFA began to monitor progress in 1992, there has been an increase in the numbers of women receiving prenatal care, a significant decrease in the infant mortality rate, a decrease in school suspensions and an increase in school attendance. The numbers of elementary school children over-age for their grade declined by a third to a half during that period. The measurable success of YFA has led the Georgia state legislature to approve a State Policy Council for children and families and ten partnership communities based on this model.

Advice

Mary Willoughby, Senior Planner and Financial Strategist, offers this advice:

- "Get multiple levels of policymakers together." Making connections with all levels of government is critically important. For example, YFA could not bill for Medicaid unless the state was on board with them.

- Don't let the funding source dictate your agenda. Develop a strategic plan first—then find the dollars. Stay true to your principles. If you just chase after the one-shot dollars for specific initiatives, you are likely to find yourself left with a program, and people you've built a relationship with but no funds to serve them when the money runs out.

- Collaboration is not a one-time effort. Be aware that new people can always be coming on board and joining in your efforts.

- Work to create positive change for all families by changing the entire service-delivery system. This approach is much more effective than creating special services for just a few.

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STAGE 3

Institutionalizing Integrated Services Through Governance Structures

Why Do It

This stage is currently in process in many states and communities throughout the United States. Although no state or community has completed this stage, many are making significant progress towards their visions and goals for family supportive communities and institutions. States and communities have engaged in stage three efforts in order to:

- make successful changes endure;

- make successful initiatives universal across state or community; and

- invest in the long term civic, educational and economic future of an entire state or community.

What Occurs?

In addition to the community mobilization process, activities at this stage commonly involve planning for permanent structures that will effectively institutionalize the visions and goals of the change initiative. This planning typically includes consideration of legislative and executive authorities and the development of political strategies to gain broad support for legal changes, which often involves changes in system desicion making. More detailed descriptions of how ten states are addressing many of these governance issues are included in the following section as part of a reprinted issue brief on governance issues by the Council of Chief State School Officers.

- This process brings with it an increasing need for all professionals, across early childhood disciplines (nutrition, early intervention and mental health workers, parent educators, doctors, nurses and nurse practitioners, home visitors, early childhood caregivers, teachers and program directors, child care resource and referral providers, social workers, etc.) to understand and respect each others knowledge, professional perspectives and roles.

- It will be important to develop a new vision of what core knowledge all of these professionals share and what constitutes specialized knowledge.

- There will continue to be an increasing need for more attention and expertise focused on developing financing mechanisms for new early childhood systems. We also need to consider the appropriate uses of technology to enhance the functioning of these new systems.

Challenges

This stage involves many challenges, including a possible need for legislation or executive orders to change the manner in which a state or community does business, from top to bottom. Often, even though leaders of state level agencies embrace new ways of working, their regional and local counterparts may require support, incentives and encouragement to change how they think and act. Because institutionalizing systemic change takes a long time, this stage can be vulnerable to losing momentum or losing key champions.

What Makes it Work

Experienced leaders of efforts to institutionalize change report that the following factors are most effective in supporting success:

- champions (especially families, executive level business and government leaders, legislators and other elected officials);

- strong cases for long-term cost and human benefits of promoting optimal early childhood development and school readiness of all children;

- skilled training and facilitation for change process leaders and participants;

- ongoing assessment of progress and results;

- development of training and professional preparation that support new system models; and

- family, or customer, involvement.

Family Resource Networks

The Governor's Cabinet on Children and Families

West Virginia

The Governor's Cabinet on Children and Families was created in 1990 as part of Governor Gaston Caperton's education reform legislation. The newly formed Cabinet was charged with creating a family-centered and community-based system in which services were coordinated and integrated within and across agencies. Its goal is to spearhead service system reform so that all West Virginia children start school ready to learn.

Recognizing that bureaucratic red tape can impede the change process, the Cabinet was given unique authority by the legislature, including the powers to negotiate interagency agreements, to waive rules and regulations that impede coordinated service delivery, to transfer funds between and within departments, to establish Family Resource Networks in local communities for the coordination of services to children and families and to monitor and report on Head Start, Early Intervention and other preschool programs.

Chaired by the Governor, the Cabinet recognizes it does not have all the answers and that it needs to include representatives of the major "players" to advise it. The Families First Council, which consists of

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one-third of state, one-third of local and one-third of consumer representatives, was created in 1995 to advise the Cabinet on the implementation of services to strengthen families. As another example, a "Business Champions" group is being organized as part of the Cabinet's Starting Points Project to mobilize public and private resources to support young children and their families.

The Cabinet believes that addressing the multifaceted problems affecting children and families requires the coordinating efforts at all levels of government and the private sector. To this end, the thrust of the Cabinet's efforts has been to strengthen the partnerships among local, state and federal agencies that are concerned about children. At the federal level, the Cabinet works to impact funding that supports state and local initiatives. At the state level, its role has been to convene and coordinate efforts to improve services to children and families, including convening and supporting the Governor's Early Childhood Implementation Commission which has released an action plan entitled Family ABC's: Action to Benefit Children. At the local level, the Cabinet has fostered the growth of Family Resource Networks (FRNs) as the primary coordinating and planning bodies for local services for children and families. The majority of the rest of this description will focus on FRNs.

Family Resource Networks

FRNs are the Cabinet's vehicle for moving decision making as close as possible to the people who are affected by those decisions. The Cabinet's role is to identify broad goals and guiding principles for improving services. It looks to FRNs to tailor their own plans to reflect local needs, priorities and resources.

FRNs bring together—often for the first time—the major parties in a community that have an interest in services for children and families including the families themselves. According to parameters established by the Cabinet, the majority of members on an FRN governing board must by definition be non-service providers and the majority of these must be consumers of services. FRNs recognize that no one can understand what families in a community need in terms of services and service delivery better than the families themselves. They are pursuing a variety of strategies to include families as partners in the work of the FRN. For more about working with families as partners, see the chapter entitled "Mobilizing the Voice of Parents."

According to Frankie Patton Rutherford, who serves as the coordinator for the Early Childhood Task Force in McDowell County:

> We believe all families need help from time to time. The focus of our county's new Family Resource and Advocacy Centers will be on preventing problems and building on families' knowledge and strengths. Services including child care, literacy programs, job training, and GED preparation will be offered. Families will be linked with health and mental health services. Families (consumers) will not only receive services but will be involved in the development of the Centers. A parent heads the planning committee. Parents are being invited to attend all meetings. In addition, a parent auxiliary is being put together in which the parents' voices will be equal to those of representatives of the Department of Health and Human Services.

In their communities, FRNs:

- serve as a forum for all interested parties—families, providers and business, religious, and civic leaders;

- assess community needs and develop, implement, and assess local action plans to improve local services; and

- focus on systems change but do not provide direct services themselves, thus allowing FRNs to give their full attention to their coordinating role—a complex task which needs to be a priority to be done well.

FRNs provide an ongoing process for communities to address their most critical needs by:

- developing a sense of community empowerment and a new partnership with state agencies;
- identifying the top concerns of a community via surveys, meetings, etc;
- developing specific goals and priorities for improving the system;
- pooling existing services to better serve families; and
- collaborating on grant applications for special projects.

FRNs begin their work by assessing the needs of the families in the community. They recognize the only way to think constructively about addressing needs in new ways is to be clear about what the needs are. (For more about this issue, see the chapter, "Assessing Needs.") Then they attempt to find and fit services to meet those needs. At a minimum, these efforts include providing comprehensive information to families about services and supports available in their communities. At a more complex level, these efforts will promote coordination among providers and encourage the blending of services in a variety of ways.

When the Cabell-Wayne FRN conducted 14 focus groups with citizens, it discovered that topping people's list of needs were better accessibility of services and a more helpful, respectful attitude from service providers. People wanted the opportunity to improve their own lives. Based on these findings, the FRN believes the most effective method for serving the community is to create services that are family-friendly, community based and that focus on prevention. To this end, it has identified five levels of services:

Level One:	Prevention
Level Two:	Services for people needing a little assistance
Level Three:	Intervention
Level Four:	Services for people in crisis
Level Five:	Out of Home Care

In an innovative approach, members of the FRN have agreed they do not want to use all their energy finding new sources of money and creating new services. Instead of focusing solely on obtaining new money for new services, the Cabell-Wayne FRN also looks at how to use existing money in new ways to better meet the needs of the counties' citizens primarily by developing strong programs on level one. For example, when the School Board recently lost $4.5 million and proposed cutting extra services, the FRN looked at how the community could deal with the crisis. Member agencies stepped in and provided services on levels one, two and three such as mentoring, tutoring and recreational activities. When it was suggested that discipline in the schools be handled by sending the "kids who cause problems" to a separate school, the FRN made a case for working with identified at-risk 6th and 7th graders, thus helping assure they will not become high schoolers with drugs and guns. Many agencies agreed to conduct family assessments as the FRN's contribution—the idea being to step in with necessary support sooner rather than later.

Having worked for the past four to five years to build trust among members, the FRN has reached the point where members are beginning to truly work collaboratively. This means, according to Francie Roberts Buchanan, Chair of the FRN's Operations Committee, "Community agencies are sharing responsibility, power and finances to care for families regardless of where they enter the system. It is easier said than done, but we feel that if anyone can do it, we can." To this end, the FRN is currently creating a funding streams map which identifies all the funds available in the two counties and their sources. Francie Roberts Buchanan explains, "We want to see what resources are available and develop strategies that allow us to use them based on need as opposed to funders' requirements."

Community-based organizations may be recognized as an FRN if they meet the following six criteria:

- The participants agree to a single governing entity (e.g. an incorporated organization with a board of directors).
- The organization agrees to engage in activities to improve service systems for children and families within the community and to not provide direct services itself.
- The geographic area addressed by the organization is a county or, two or more contiguous counties.
- A majority of members of the organization's governing board are consumers or other community members who are not employees of publicly funded agencies that provide direct services to children and families. A majority of these non-providers are people who receive publicly funded services for themselves and/or their families.
- The organization's governing board includes representatives of local service agencies, including but not limited to:
    - the public health department;
    - the regional comprehensive behavioral health center;
    - the local health and human resources agency; and
    - the county school district.
- The organization accepts the principles identified in the Cabinet's mission statement as part of its philosophy. These are:
    - children belong with families;
    - children need enduring relationships with adults;
    - parents have the primary responsibility for meeting the needs and addressing the development of their children. Parents are children's first teachers;
    - services must focus on the entire family unit and strengthen incentives for self sufficiency and economic independence. Families are to be involved in all aspects of planning and delivery of services to that family;
    - services shall focus on prevention, education and early intervention;
    - if families do not or are unable to meet their responsibility to their children, the State will make every effort to strengthen and reunify the child and family or provide a permanent, stable placement for the child;
    - programs and services to children and families should be coordinated through a flexible system of administration that is comprehensive, unified, effective and efficient;
    - program shall allow for regional, cultural and ethnic sensitivity of children and families, be based on local community characteristics and resources, and allow for local input;
    - participation in programs shall be voluntary on the part of any child or family unless otherwise required by law; and
    - the responsibility for the children and families of West Virginia must be a shared partnership of all citizens, community organizations, the business sector, labor organizations, local and state governments, advocacy groups and the religious, educational and legal communities.

Funding

The Family Resource Planning Fund was created by the Cabinet to provide monies to support the activities of FRNs and to provide technical assistance to both FRNs and state agencies in system reform. The fund taps a small percentage of selected state and federal programs which are then used to provide planning and coordination grants to FRNs. The following sources currently contribute to the blended funding pool:

- federal funds: Family Preservation and Support, AFDC, Medicaid Administrative Funds, Community Services Block Grant, Community Based Family Resource Programs;

- state funds: Department of Health and Human Resources, Department of Education, Legislative appropriation to the Cabinet, and Governor's Contingency Fund; and

- private funds: Claude Worthington Benedum Foundation.

Points of Accomplishment

FRNs are in various stages of development across the state. Fifty-one of fifty-five counties have received grants to develop or operate FRNs. Forty-one counties currently meet the FRN criteria and the rest are working towards meeting them. Training and technical assistance have been provided through on-site visits and statewide training events.

Aware that change in state leadership often brings with it change in priorities, FRNs are developing the capacity to ensure grassroots support for their continuance beyond the current Governor's administration. In addition, FRNs have launched an awareness campaign to inform and educate the candidates for Governor of West Virginia on the importance of their continued support for children through FRNs and the Governor's Cabinet on Children and Families.

FRNs are serving as the guardians of the process through which an entire community works together to make things better for families, youth, and children who live in that community. They recognize that families offer the best possible support for their children, and have the potential to be rich resources for other families through the relationships that are fostered by the local FRN.

Challenges

Julie Pratt, Director of the Cabinet, shares the following challenges being faced by the Cabinet and FRNs:

- In today's political climate, communities are often being asked to do more than they can do with their own resources. While communities often have untapped, great potential for addressing the needs of their citizens, we must guard against overburdening them and setting them up for failure by expecting that they accomplish the impossible.

- Measuring progess across the state is difficult when (1) communities have each set their own priorities, and (2) their systems change goals may take many years to realize. The Cabinet is exploring additional interim methods of assessing progress so that it can revise its strategies as needed, as well as be accountable to funders and policymakers. At this stage, the Cabinet is thinking that anecdotal evidence of change will be most effective.

Next Steps

The Family Resource Planning Fund will be expanded to support an FRN in each county or multi-county area over the next three years.

West Virginia has developed an ambitious plan to increase local capacity to plan, deliver and improve services for young children and families. These interagency activities will be coordinated by the Cabinet and Commission to:

- enhance system planning, coordination and quality. Information gathered by FRNs as part of The Early Education Quality Improvement Project (EQUIP) funded by AT&T will be used to develop plans for improving quality in early care and education. An incentive grant and technical assistance provided through the Partners in Change Project (PIC), a project of the Center for Career Development in Early Education and Care at Wheelock College, will focus on improving the professional development of those working in early education and care. Grants have been awarded to twenty counties to implement a common intake system for families called Family Assessment Intake and Referral (FAIR);

- expand service delivery and integration. Part of a national initiative funded by the Carnegie Corporation of New York to improve services to infants, toddlers and their families, Starting Points early childhood centers will be created to bring together services and programs in the area of early education and care. A related initiative, DAYONE, provides information and support to new parents through a videotape about how babies learn and a volunteer visitor who connects them with resources in their communities. The goal is to make the program available in all birthing centers and hospitals and to integrate it with other parent resources through the FRNs; and
- increase public awareness. The Public Awareness Committee of the Commission will undertake a variety of tasks, including public service announcements, a campaign to encourage employers to be family-friendly, and informational materials for families. FRNs will play a vital role in this campaign's success.

Advice

Julie Pratt, Director of the Cabinet, offers the following advice:

- Avoid romanticizing the community. We all live in a community. We need to give some thought to what we want for our communities, what and how we are willing to contribute and what issues communities can realistically be expected to address.
- Develop allies and supporters at all levels to improve the lives of children and families. Help people understand how local practices and state and federal policies are intertwined. For there to be lasting change, everyone has to work together.
- Identify steps in implementing your vision so that progress can be measured. This gives people a needed sense of accomplishment and can prove accountability to policymakers whose support you want.
- Pay attention to what happens after people "come to the table." Help participants build skills around sharing power. Find facilitators who can help you learn how to build consensus and agree on a process for making decisions.
- Improve political education at the grassroots level. Help people understand the political system and how they can impact it.
- Be patient, persistent, and humble. Changing a system is hard work and takes time. We all make mistakes. The challenge is to learn from them.

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More Stage Three Issues and Examples

In March 1996, the Council of Chief State School Officers published a brief entitled *Changing Decision Making to Improve Results for Children and Families: How Ten States Are Tackling Tough Governance Issues.* This brief effectively describes current efforts to reform systems through governance strategies aimed at institutionalizing new ways of integrating services. Although it reiterates some points made earlier in this chapter the authors have chosen to reprint this excellent brief in its entirety.

RE-FORMING COMMUNITIES

How Ten States are Tackling Tough Governance Issues

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This Issue Brief examines how ten states are changing cross-sector decision-making processes and structures as they work to improve the nature and quality of services and supports available to children, youth, and families. Efforts to change the governance of children's and family services by emphasizing shared responsibility and accountability for results are becoming a key element of many states' efforts to assure the well-being of children and families.

Since 1993, the Council of Chief State School Officers, through its Ensuring Student Success Through Collaboration project, has been working to enhance the efforts of selected states involved in cross-sector, collaborative initiatives to improve the lives of children and families.

In the Spring of 1995, CCSSO collected information from the ten states participating in the project. In April, 1995, teams from Arkansas, California, Iowa, Kentucky, Maryland, Missouri, Oregon, Texas, Washington, and Wisconsin convened in St. Louis, Missouri for a 2-1/2-day working meeting. The meeting provided state teams with the opportunity to focus specifically on governance issues, and to share experiences, gain insights, and consult with peers in other states. Participants also began to explore and examine their underlying assumptions and theories associated with changing decision making to achieve better results for children and families.

Each state team has provided written summaries addressing the following:

- the state's current governance structure;

- cross-cutting decision making at the state level;
- responsibilities of state-level coordinating bodies;
- local decision-making entities;
- responsibilities of local coordinating bodies;
- state-local relationships;
- state assistance to localities; and
- federal-state relationships.

These summaries are included in a matrix following this Issue Brief.

Communities across the country are adopting new governance structures to improve results for children and families. For these communities, collaborative decision making that bridges multiple human-service sectors holds the promise of shared responsibility for the overall well-being of children and families, shared accountability for achieving results, more effective use of diverse public and private resources, and the participation of a wider range of decision makers to design and deliver more effective services and supports.

If communities are to achieve this promise, states must work to provide a supportive environment for collaborative governance by creating opportunities for collaborative entities to develop, supporting their evolution, giving them access to resources as they assume greater responsibilities, and establishing a reasonable system of accountability for results. These objectives require states to make changes in their own decision-making structures and in the roles they play in relation to communities.[1]

Why States are Changing the Way They Make Decisions

A number of trends have contributed to the current movement in many states to fundamentally change the manner in which decisions are made about services and supports for children and families. These trends include concerns about the condition of American children and families, the public's growing dissatisfaction with government and loss of faith in its ability to operate effectively, the limitations of categorical service system reform efforts, and current federal policy debates that will ultimately lead to monumental changes in the funding and administration of public child- and family-serving programs.

Addressing these concerns requires taking a hard look at the way decisions about services and supports are currently made and raising the question about whether current governance structures can address the "fundamental mismatch between what are known to be the ingredients of successful community strategies for children and families, and the way that our health, education, and social service systems currently operate."[2]

Children and families are not faring well

Many of America's children and families, particularly vulnerable ones, are not faring well. More than 20% of America's children live in poverty. Births to unmarried teens, the number of families headed by a single parent, the number of low birth weight babies, juvenile violent crime rates, and teen violent death rates all have been on the rise in recent years (Annie E. Casey Foundation, 1995).

Few would argue that families are having to work harder than ever to fulfill their own basic needs for economic security, good health, safety, and shelter. Most parents provide for and nurture their children with the assistance and support available through social networks of extended family, friends, and neighbors, as well as through major social institutions such as schools and churches. But these days, children and families are less often able to reside near relatives or live in neighborhoods and communities that provide the basic elements and necessary supports that help them to thrive. Although we invest heavily in strategies to strengthen—and sometimes provide substitutes for—these networks of support, we are still not achieving desired results for children and families.

Americans are asking for better government

The current movement toward improving education, health, and human services parallels the movement to "reinvent government" more broadly. During the elections in November, 1994, the sweeping changes in our elected leadership in Washington and across the country sent a powerful message that Americans want government to change.

According to the Alliance for Redesigning Government, people want and are willing to support effective, well run government—government that produces results that matter, and government that is high quality and affordable. Survey data indicate that 75% believe better management can make a difference. Sixty-four percent favor concentration of power in states rather than the federal government; however, the majority of people think that both federal and state governments create more problems than they solve. And 81% think government at all levels should encourage more citizen involvement (Dyer, 1995).

Our systems are in flux

Our education and human service systems were designed for a different time and a different set of challenges. The patchwork of programs we have assembled over time to help families nurture and raise their children is neither effective nor efficiently delivered. Recognizing this, systems of education, health and mental health care, income support, nutrition, child welfare, juvenile justice, and housing assistance are all deep into reform.

On the periphery of these categorical reforms, decision makers and service providers have begun to seek more systemic, holistic, and ecological approaches to addressing human needs and problems—approaches that consider and recognize the influence of social circumstances and environment. This shift has resulted in new thinking about providing education and other supports and services in a more comprehensive, coordinated manner.

In the last decade, states have embarked on efforts to improve the systems serving their children and families through changes in programs and decision making. For example, numerous states have requested and been awarded waivers to launch cross-cutting reform initiatives for their welfare and health care systems. Federal programs, such as the Family Preservation and Support Services Program and the Child and Adolescent Service System Program (CASSP), have also reflected some of the changes taking place in our thinking about how services should be designed and delivered. With an emphasis on prevention and providing a comprehensive array of services, these federal programs have required broad-based, cross-sector, and community-based participation in state planning processes.

Federal policy changes will place new demands on states and communities

The 104th Congress is now considering major changes in the authorization and funding for child care, nutrition programs, Aid to Families with Dependent Children, Supplemental Security Income and Medicaid, education, workforce development programs, child welfare, and housing, among others. Some of these changes have been driven by these recent concerns about the current state of child and family services. However, many have also been driven by concerns about the role of the federal government in providing support to families and about reducing federal spending.

Some federal programs will be transformed into block grants to the states. Some may no longer have entitlement status, with funding for these programs allocated to the states in the form of capped funds. Still others will be cut back or eliminated in the appropriations process. With state matching funds no longer required for some programs, states will also have much more flexibility to determine how much of their own funds they choose to invest in these programs.

The implications of these changes for federal, state, and local governments are still uncertain as Congress and the Administration continue to deliberate. However, they will almost certainly be played out in the form of changed intergovernmental relations, reconfigured service delivery systems, and a new funding climate.

The sum of these factors—children not faring well, demands for better government, sector-specific reforms, and changes in the policy environment that purport to address problems with the system—are increasing pressures for states to rethink the way they make decisions about programs. As states and communities are working to ensure and enhance the well-being of children, youth, and families, they are rethinking and redesigning the services, supports, and opportunities they are making available to them.

A number of themes that have implications for the way decisions are made about children's and family services have emerged in both state and federal-level change efforts:

- devolution of responsibility;
- decategorization of programs and funding streams;
- reduced regulation;
- results-based accountability;
- streamlined government; and
- reduced resources.

Both the federal and state governments have begun to emphasize the notions of *inclusiveness* in decision making, often through strategies that seek to increase citizen participation and community empowerment, as well as *horizontal* (across programs and arenas) and *vertical* (federal-state-local) *collaboration.*

From the experiences of the ten states participating in the CCSSO Ensuring Student Success Through Collaboration project and others, we are learning that traditional decision-making mechanisms and governance structures are unlikely to produce or manage these newly configured systems effectively. States are experimenting with new decision-making structures and processes that incorporate participation that spans multiple sectors, program areas, and levels of government.

In the coming months, dramatic developments in federal policy will significantly affect the roles of federal, state, and local governments, communities, and citizens as they work to improve how they serve and support children and families. Current state efforts to improve decision making will be put to the test as they work to manage and accommodate these changes.

State Efforts To Improve Decision Making

Many states and communities are significantly altering their roles in supporting families and changing how they approach service provision. These changes have been accompanied and supported by the initiation of new types of decision-making processes and governance structures. In the last decade, numerous state-level child and family initiatives have sprung up around the country. Although some states have initially focused on a particular problem or arena, a majority have adopted cross-sector, collaborative approaches to addressing the needs of children, youth, and families. These states have developed cross-cutting goals and principles, adopted new roles, responsibilities, and functions, and formed new collaborative decision making bodies.

Goals and principles of state initiatives

State efforts to change decision making have resulted from and been guided by the development of new types of goals and principles that emphasize integration and collaboration. In the past, states reorganized or consolidated departments, or shifted responsibility from one department to another, in hopes that such changes would lead to improved services. What often resulted were more unwieldy bureaucracies that actually added complexity to the administration of services and perpetuated their categorical nature. In order to avoid the pitfalls of reorganizing without clear purpose, in recent years states have been more intentional in developing consensus around common goals and principles to provide the basis for changes in decision making.

States have tended to define goals in two ways: goals that relate directly to the quality of children's and families' lives, and those that relate to improving the systems of services, supports and opportunities available to children and families. A growing number of states are now focusing very explicitly on improving their systems of services and service delivery through coordination and collaboration, with the ultimate goal of improving the lives of children and families. It is this newer emphasis on systems change that has led states to begin to make fundamental changes in their decision-making structures and processes.

For example, directors of Arkansas' Departments of Health, Education, and Human Services have entered into a *Collaborative Partnership* by virtue of a Memorandum of Understanding and the Governor's endorsement. The Partnership has set a broad goal to "support communities' capacity to produce children who are healthy, children who are in supportive, nurturing, healthy families, and children who succeed in school." The *Governor's Partnership Council for Children and Families* has been appointed to serve as a policy advisory body to mobilize state- and community-wide reform. A *Partnership Implementation Committee*, to consist of senior managers in each of the collaborating agencies, will be responsible for achieving interagency consensus around principles, policies, programs, and financing, and will assure implementation. Local collaborative entities, called *Community Partnerships*, are being formed to plan, set goals, allocate resources, and implement and monitor services at the local level.

Some states have chosen to define principles that guide the development of improved systems. These principles reflect not only the conceptual elements of effective systems of services and supports, but also reflect core values about how people should be viewed and treated. Washington's *Family Policy Council* has developed a set of core principles that provide the basis for its efforts to shift from the existing human-serving system of state control to a new system of local control. According to the principles, services and supports should be family-oriented, culturally relevant, coordinated, locally planned, community-based, preventive, results-based, customer-service oriented, and creative. The principles further reflect such values as respect, dignity, and support for the families served as well as for frontline workers. Community Public Health and Safety Networks have been created by State law to act as regional public agencies that provide for local parent and citizen influence over policy and program operations.

State roles, responsibilities, and functions

Although states are taking different approaches to changing governance, including altering formal structures, most are trying to accomplish the following objectives:

1. Provide a locus of responsibility for children and families state-wide. In many states, responsibility for children and families has been dispersed among numerous departments and programs,

due to the categorical nature of federal, state, and local programs. These programs typically focus on addressing a particular problem, such as hunger, or a particular population, such as young children with disabilities.

Unfortunately, disparate agencies, departments, and programs are unable to take a comprehensive approach to addressing the needs of whole children and families. Many states are now taking a collaborative or coordinated approach to addressing the multiple and interrelated needs of children and families, and to make more effective use of scarce resources by streamlining administration, eliminating duplication, and targeting dollars where they can be used most effectively.

A state entity or group of individuals with responsibility for children and families might conduct state-level needs assessments; study/analyze the status or a particular condition of children and families in the state; develop a state-wide vision, goals, and agenda for children and families; make recommendations for action by the Governor, state legislature, and state agencies; and/or educate citizens about the needs of children and families. They might also be responsible for facilitating collaboration among state agencies and departments and the private sector to implement a plan that requires joint action.

The Governor of **Maryland,** for example, first established the *Subcabinet for Children, Youth and Families*, consisting of the Secretaries of various state child-serving agencies, to focus on preventing out-of-home placements for children and youth. The Subcabinet's mission has since been expanded to ensuring system-wide decision-making oversight, monitoring, and accountability for family-focused services more broadly. A Special Secretary for Children, Youth, and Families, appointed by the Governor, chairs the Subcabinet.

2. Ensure accountability. There is a growing emphasis on ensuring accountability at the state level. This is occurring because states are more frequently devolving responsibilities for planning, designing, and administering services to local governments and communities, and the federal government is preparing to eliminate or reduce regulations specifying how services are to be delivered. States are now working to identify desired results and outcome measures, ensure equity and proper targeting for vulnerable populations, as well as assure an acceptable level of quality of services. Many states are working to develop a system that holds public, private and community agencies accountable for achieving desired results by providing incentives and rewards and/or consequences for failure to achieve desired results. (For more information on how states are pursuing results-based accountability, see CCSSO's Summer 1995 Issue Brief, *Moving Toward Accountability for Results: A Look at Ten States' Efforts.)*

   Oregon is moving toward a system of accountability based on results rather than on participation rates and activities. The state has developed the *Oregon Benchmarks*, a document that provides an overall framework of benchmarks for all state agencies. The *Oregon Progress Board* tracks data around all state benchmarks at established intervals. The *Commission on Children and Families* has selected core benchmarks related to children and families that it will help communities to address through comprehensive community-based plans. The state commission aggregates county data related to 32 child and family benchmarks on an annual basis and provides the data for each county to local commissions.

3. Finance effective service systems. The financing of effective service systems is a vital responsibility at both the state and local levels. The highly categorical nature of federal and state programs (and their accompanying funds) has severely restricted service systems' ability to meet needs in a flexible,

comprehensive manner. States are now focusing on facilitating and negotiating the redeployment/redirection of existing state and federal resources; creating flexible pools of funds to support a primary/preventive services approach; "drawing down" and maximizing federal funding while ensuring the reinvestment of local and state dollars in child and family services; and leveraging private and community resources to fill gaps in the public system.

In **Missouri,** state agencies are working with the *Family Investment Trust* to implement a joint budget initiative for the expansion of *Caring Communities*, an effort to link health, mental health, employment, and human services with education reform efforts. The Caring Communities budget combines federal funds for the Family Preservation and Family Support Act, new state dollars, redirected funds from each agency, and federal earnings to provide flexible funds for use by communities.

4. Create partnerships with local communities. The work of Lee Schorr (1988) and others has shown that effective services are most appropriately designed and administered at the community level, rather than mandated or micro-managed by the federal government or the states. When services and supports are community-based and community-delivered, they stand a better chance of providing for the needs of those living in the community. As a result, many states have catalyzed the development of new, local collaborative governance bodies that have broad-based participation from public and private service providers, community leaders, families, and private enterprise. States can mandate the creation of these entities or provide incentives for their creation. (Blank and Danzberger, undated.) States may also support these collaboratives by providing technical assistance and training, funds for collaboration, demonstration funding, etc.

Under the **Kentucky** Education Reform Act (KERA), the state mandated site-based decision-making councils for the operation of schools. The councils brought together teachers, parents, and administrators to make decisions about school programs, personnel, and expenditures. The newly established *Kentucky Commission on Families and Children* is now pursuing a similar system of local governance as it aims to provide for consistent statewide planning, coordination, and local decision making. The Commission has released a Request for Information that invites localities to become pilot sites for the establishment of collaborative governance structures to guide community-designed and -driven service reforms.

5. Create and support an infrastructure for an improved service system. The role of states in capacity-building and supporting an improved service system has become increasingly important as numerous local collaboratives have sprung up in many communities. These state activities include developing coordinated data systems for management information and eligibility determinations to support a results-based accountability system; creating interdisciplinary staff and leadership development strategies; and providing training and technical assistance.

Washington's *Family Policy Council* provides support to Community Public Health and Safety Networks, regional governance bodies defined as branches of state government. Through a central data collection effort, the Family Policy Council is able to disseminate state-archived data to local networks based on their geographic boundaries. It has also prepared Planning Guidelines which prescribe the method for community networks to employ in determining their own goals. Training is being offered on such topics as community process, visioning, planning, mapping of service, primary prevention, dispute resolution, and other topics upon request. The Family Policy Council coordinates its training and technical assistance efforts with state agency staff.

State-level collaborative governance bodies

The majority of the ten states participating in the CCSSO project now have some form of state-level collaborative body, or combination of bodies, that addresses the needs of their states' children, youth, and families. Such entities provide key decision makers, representing various child-serving arenas and interests, the opportunity to work across systems, agencies, programs, and disciplines to look more comprehensively at young people's needs. These structures are diverse in terms of their membership, degree of authority, scope of activities, staffing and infrastructure, etc., and they also have a variety of names. They may be created and authorized by statute or executive order, or may be created without formal state authorization. (For the purposes of this discussion, we do not include interagency task forces that are formed as part of federally mandated programs, such as Part H of the Individuals with Disabilities Education Act or the Child and Adolescent Service System Program.)

Although in practice the distinctions between and among them are far from clear cut, state-level collaborative governance structures may be divided generically into three types of bodies: subcabinets/councils, commissions, and public-private partnerships (The Family Impact Seminar, 1995 [3]).

1. *Subcabinets/councils* most often include as members the highest-level officials representing several child- and family-serving agencies. These bodies sometimes take the form of a "superagency," headed by a new secretary who has some line authority over different agencies. Other members might include the state's finance director. The group's functions typically include strategic planning, policy development, development of a child and family budget, funding reallocation, fiscal accountability, arranging interagency agreements, and coordinating or supervising local governance structures.

   Maryland's *Governor's Subcabinet for Children, Youth and Families*, for example, consists of the Secretaries of Health and Mental Hygiene, Human Resources, Juvenile Services, Budget and Fiscal Planning, the State Superintendent of Schools, and the Director of the Office for Individuals with Disabilities. A Special Secretary for Children, Youth, and Families, also an appointee of the Governor, chairs the Subcabinet. Other examples of subcabinets or councils include **Texas's** *Health and Human Services Commission* and **Washington's** *Family Policy Council.*

2. *Commissions* principally serve in an advisory capacity to Governors and/or state legislatures. Membership can be broad-based and often includes representatives from the public and private sectors. Agency commissioners, legislators, members of the judiciary, business representatives, consumers, parents, union representatives, agency staff, academics, community-based organization representatives, and/or advocates may serve as members. Commissions conduct public education and outreach, advocacy, needs assessments, research, and strategic planning, as well as provide analyses and recommendations on current and proposed policies concerning children and families. They may also have responsibility for guiding the implementation of state policy at the local level.

   Oregon's *Commission on Children and Families* consists of the Director of the Department of Human Resources and the State Superintendent of Public Instruction, along with 12 members appointed by the Governor, including members representing the public, local commissions, social service professionals, and the business community. The Commission's responsibilities include: 1) developing a comprehensive local plan in each county for children's services; 2) distributing state and federal funds to purchase services, developing community partnerships, and evaluating programs; 3) creating a children-friendly community by building new partnerships and developing resources to invest locally and build on government funds, developing local capacities that support the family, and advocating on behalf of children; and 4) ensuring that services are available and accessible, eliminating fragmentation, duplication, and stigmatization. Other state commissions include **Arkansas'** *Governor's Partnership Council for Children and Families*, **Kentucky's** *Commission on Families and Children*, and **Texas's** *Commission on Children and Youth*.

3. *Public-Private Partnerships* at the state level are built on an entrepreneurial relationship between state government and the private sector. The primary function of this type of entity is to act as an intermediary among communities, the business sector, foundations, and state government, and may focus on facilitating flexible financing strategies in support of reform initiatives. Such partnerships are often privately incorporated, with board membership consisting of state agency heads, business representatives, funders, and other community members. Functions can include budgeting, financial management, establishing criteria for evaluation of outcomes, and providing technical assistance to state agencies and communities. These entities may also broker or leverage private funds and resources when there are gaps in the public system.

Missouri's *Family Investment Trust* is one of only a handful of such state-level public-private partnerships in the country. Although established by executive order, the Trust is not an arm of state government. It provides state agencies with a vehicle for making decisions jointly, works to build partnerships between communities and state government, and provides technical assistance to help build more responsive human, educational, and economic systems. State department directors serve on the Trust's board, along with business and foundation representatives. **California's** *Partnership for Comprehensive, Integrated School-linked Services* is another example of a state-level public-private partnership, in which state government linked with a consortium of private California foundations that provides funding and other forms of support to California's Healthy Start initiative.

Key Issues in the Change Process

Changing governance to support improved services for children and families is a highly complex, controversial, and challenging process. States working to change how they make decisions and how they allocate resources have found that it is not a simple, linear process of moving from an old, ineffective system to a new and improved one. Moving toward an effective system of collaborative governance is a developmental and evolutionary process—one that progresses through predictable stages. Based on the experience of states and communities in recent years, effective, collaborative governance evolves over time with the building of trust, credibility, capacity, and the authority to govern (CSSP, 1994).

States face a number of challenges relevant to changing decision making at the state level, changing intergovernmental relations, supporting service system changes by building infrastructure, working with new local decision-making bodies, and sustaining changes over time.

State Decision Making

Collaborative decision making involving multiple departments and agencies at the state level would ideally allow for shared responsibility and accountability, as well as joint action. However, state governments have found that actually changing the way they do business does not come easily. In spite of initial enthusiasm, collaborative entities and/or the individuals who are a part of them often have limited authority to directly affect the operations of their participating agencies. When this is the case, the time and energy required for collaboration can seem like an additional burden to already overextended executives. Turf battles can impinge on these efforts when agencies are expected to contribute resources or authority to joint efforts. Strong institutional leadership at the agency level, from the Governor, and from other independently elected officials, appears to be critical to the degree to which collaborative efforts actually have an impact on state operations. States now must also consider broadening their collaborative efforts to include legislators, the judiciary branch, and private stakeholders.

Intergovernmental relations

States vary in terms of their existing governmental structures and degree to which local governments control the administration of services and supports. They must take into account issues of jurisdiction and authority that accompany different public entities, such as municipal and county governments, and state education officials and school districts. But most states are working to change the role and perception of state government from that of a regulatory, administrative, and managing entity to one that sets policy and provides support to local governments and communities. States must continually grapple with finding a balance between allowing for local flexibility and autonomy (i.e., giving up some state control) and ensuring accountability for results. Some have criticized state initiatives for trying to effect change using a top-down approach, and argue that the impetus for change must come from the bottom up if change is to occur. Others believe that effective change strategies must be both bottom-up and top-down if true systems reform is to take place, and that state efforts must engage the public, a broad range of stakeholders, and the federal government in these initiatives.

Building a supportive infrastructure

In addition to making decisions in new ways, new forms of state governance must pay attention to building an infrastructure for comprehensive approaches to serving and supporting children and families. States now recognize, for example, the need for adequate technology and integrated data collection and management systems, particularly with the new emphasis on results-based accountability. States continue to work on developing flexible financing mechanisms, along with sufficient accountability mechanisms to go with them. Some are exploring results-based budgeting wherein funding is tied more directly to achieving stated goals and results. And as states' roles are changing to that of a supportive partner with communities, they must seriously consider their own capacity to provide needed training and technical assistance. With the devolution of authority and responsibility to local communities, the demand for such assistance will surely increase. States, then, will have to focus not only on working in new ways themselves, but also on assisting others to work in new ways.

Local governance

As states hand over increased responsibilities to communities, they must help to develop effective local governance as well. Adequate and appropriate representation in local governance will help to provide the credibility and authority needed to function effectively, but such representation is hard to come by. Families/consumers of services should be active participants in decision making. States will be challenged to make determinations about how communities will be defined and who should govern. Although communities often know what they need, what problems they would like to see addressed, and even how they would like to see them addressed, localities vary in their capacity and willingness to make decisions collaboratively, administer services, allocate or manage resources, and evaluate programs. The responsibilities and authority of local collaboratives, then, should be negotiated among local, state, and federal governance entities, and states must be prepared to provide training and technical assistance when needed. Lastly, new local collaboratives must address how they fit with other local governance entities, including with county and municipal governments. In other words, a "system of governance" must be in place to be viable, not simply co-existing, free-floating collaboratives (CSSP, 1994).

Making progress and sustaining the effort

Change takes time, especially when government is involved. Even when states do make significant changes, they may not see improved results and outcomes immediately. It has taken years for service systems to evolve to their current state, and it will likely take years to transform them. Unfortunately, the ever-changing political context often does not afford state government the luxury of time. Key state political leadership can be overturned, and the timetable for achieving results can be short. The challenge, then, lies in sustaining broad-based change efforts through transitions in the political and policy context. Sustaining change efforts requires setting reasonable expectations for change. Identifying realistic, interim indicators for improvement may be equally as important as focusing on achieving the ultimate end results. Federal, state, and local governments should negotiate goals, outcomes, and benchmarks, rather than setting them without regard to the capacity of those they intend to hold accountable for achieving results. Other strategies include cultivating and nurturing leadership, engaging the public and building a broad base of public support, and proactively marketing successes.

Emerging Opportunities and Challenges for States

The ten states participating in the CCSSO Collaboration project are committed to making fundamental changes in service systems and decision making to improve the lives of children and their families. As they face numerous challenges in implementing such broad-based change efforts, states now must also prepare for the impact of major changes in federal programs.

Movement toward decategorization and devolution of authority appears to present ideal opportunities for states to make the most of increased flexibility in implementing previously restricted and disparate, categorical programs. It also calls the question for states about what they hope to achieve for children and families. A collaborative state governance entity that cuts across traditional agency boundaries could pursue an overall agenda to better serve and support children and families based on the unique needs of the state. States would also have the option to devolve some responsibilities further to local governance and planning entities, allowing for more flexible and responsive services and supports for children, families, and communities.

However, these opportunities will almost certainly be accompanied by challenges presented by marked reductions in funds for many federal programs. The goal of improving the lives of children and families and the goal of reducing expenditures will sometimes be at odds. As resources become more scarce, fierce competition and a volatile political environment in states and communities could lead once-collaborative partners to retreat to their own categorical interests. In such a climate, states will be challenged with ensuring that vulnerable populations are served and that state effort is maintained. States' capacity to manage increased responsibilities will be tested, and they may be tempted to protect the status quo by replacing once federal categorization and regulation with their own. Funding for research and development will likely be in short supply as well, further sapping states' capacity to make well informed decisions and promote innovation.

A major challenge for states will be to keep federal changes from overshadowing their existing efforts and to sustain their progress made toward meaningful change in how they serve and support children and families. Ongoing commitment to these efforts will require that states continually revisit their basic assumptions and theories about changing systems of services and supports, including how new forms of governance bring about system change and ultimately lead to improved results for children and families. Additionally, they must continue to test out what specific changes in decision making lead to specific kinds of results, and adapt their strategies accordingly. In the coming year, states and communities that have begun building the foundations of collaborative decision making may find themselves better positioned and have a greater capacity to manage impending federal policy changes for the benefit of their children and families.

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Notes to How Ten States are Tackling Tough Governance Issues

[1] The Center for the Study of Social Policy (CSSP). *Changing Governance to Achieve Better Results for Children and Families.* A Working Paper. October 1994.

[2] The Center for the Study of Social Policy (CSSP). 1994.

[3] Our typology is a slightly modified version of that of The Family Impact Seminar, 1995.

ARKANSAS

Current Governance Structure	Coordinating State Decision Making	Responsibilities of State-level Coordinating Bodies
Currently, the State of Arkansas provides the majority of the services designated for children and families through three major departments, the Arkansas Department of Health, the Arkansas Department of Education and the Arkansas Department of Human Services. The Arkansas Department of Human Services is operated under an integrated service system consisting of 11 divisions with responsibilities and programs assigned to them by the Director of the Department of Human Services. The Director of the Department of Human Services, appointed by the Governor, controls and supervises each division of the Department. The citizens of Arkansas access the various programs and services provided by the Department of Human Services through 75 county offices of human services established by the Director in each county of the state. The operation and management of the state-owned institutions and programs were previously controlled respectively by the State Hospital Board, the Board of Developmental Disabilities Services and the Arkansas Youth Services Board. Effective July 1, 1995, the State Hospital Board and the AYS Board merged to form the DHS Institutional Services Board. The Arkansas Department of Education is sub-divided into the General Education Division and the Vocational-Technical Division, each headed by a Director. The General Education Division is responsible for the elementary and secondary education programs within the state. The General Education Division participates in the Governor's Partnership Council for Children and Families. The Director of the Agency is selected by the State Board of Education but serves solely at the pleasure of the Governor. The State Board of Education has the authority to make policy, promulgate rules and regulations and employ/terminate Agency personnel. The state has created political sub-divisions, local education agencies, governed by locally-elected Boards of Education, with the responsibility for implementing the public education program of the state. Currently, there are 312 separate and independent local education agencies serving 447,755 students in K - 12. The Public School Fund for 1994-95 has $1,236,122,634 in state general revenue. The State has created 15 education cooperatives to provide assistance to school districts. Participation in any or all of the education cooperative programs is voluntary. The mission of the Arkansas Department of Health is to protect and improve the health of the people of Arkansas. Act 96 of 1913 established the Board of Health. The Board, currently consisting of health and environmental professionals and consumers, is appointed by the Governor and acts primarily in an advisory capacity. The Director of the Department is secretary to the Board and serves at the pleasure of the Governor.	The *Governor's Partnership Council for Children and Families* serves as a policy advisory body to mobilize state and community wide reform. Its membership is drawn from individuals and organizations who are reflective of Arkansas' diversity and committed to the collaborative's goals. The Council's co-Chairs are the directors of the Departments of Health, Education and Human Services. Other members include parents, consumers of services, representatives of state and local and community-based public and private nonprofit agencies, representatives of professional and advocacy organizations, elected officials, and representatives of business organizations. The respective directors of Health, Education and Human Services have entered into a Memorandum of Understanding regarding the establishment of a *Collaborative Partnership*. In so doing, they identified the principles they support and have reached agreement on their role in achieving the goal of the *Collaborative Partnership*. The directors have agreed to: meet 2 hours per month; accept the role of chair/co-chair of the interagency policy council; identify opportunities and contributions (money, staff and resources) to further the goals of the collaborative; and dedicate policy staff to support the collaborative	The responsibility of the *Governor's Partnership Council for Children and Families* will be to: • Link existing reform initiatives across systems; • Plan and promote changes in state and local agencies' operations to achieve collaborative goals; • Help communities establish a new vision of support; • Promote partnerships among state agencies and communities; • Help state agencies and local entities develop new accountability systems; • Develop strategies and make recommendations to promote the Partnership Council; and • Report to the Governor regarding the progress of the Council and recommendations for change. The *Partnership Implementation Committee* will consist of senior level managers in each of the collaborative agencies. With the advice of the Partnership Council, the committee will be responsible for achieving interagency consensus concerning the principles, policies, program and financing parameters of the collaborative, and assuring implementation. The *Partnership Implementation Committee* will: establish, review and modify departmental policy, rules and regulations; develop guidelines; implement interagency planning and budgeting; develop performance outcome measures; provide technical assistance; develop cross-agency training; have the capacity to evaluate service delivery and track outcomes for children and families; and establish appropriate self-evaluation procedures to assure the adequacy of the model being provided.

ARKANSAS (CONT'D)

Coordinating Local Decision Making Responsibilities of Local Coordinating Bodies	State Assistance to Localities
The *Community Partnership* is a local collaborative entity whose membership makeup the *Partnership Council.* It is responsible for planning, setting goals, allocating re-sources, and implementing and monitoring the services and outcomes of the community partnership. The *Community Partnership Entity* will: • Be responsible for the development of the community collaborative plan; • Develop specific outcome measures; • Establish tracking procedures to track progress in achieving the outcomes established during the planning process; • Participate in an integrated data collection system to evaluate the effectiveness of the service delivery model and respond to state data collection needs; and • Develop the capacity to self-evaluate the progress of the effort, including whether the target population is actually being served, and whether the planned service is being provided; Each *Community Partnership Entity* will develop a service plan within guidelines, parameters, and limitations established by the Council. This plan must be consistent with the parameters established by the *Planning Implementation Team* and adopted by the collaborative. It will also describe a continuum of services available to meet the needs of the community. The plan will include: the population to be served; the geographic areas where the services will be available; the estimated number of individuals and/or families to be served and estimated expenditures for these services from federal, state, local and donated services; a determination of service delivery location(s) (such as school based, school-linked, or community-based); a description of services to be provided; how services will be coordinated to achieve the goals of the collaborative (coordination is expected to include improved accessibility, interdisciplinary training, coordinated case management, pooled resources, shared information across service providers, and co-location of services programs); the performance outcomes the local entity will address; and assurances that the Community Partnership will meet the requirements established by the Council.	The state of Arkansas feels that state agencies must fundamentally change the way in which they do business to achieve state and community reform. They expect this change will be evidenced in the manner in which agency employees interact and collaborate across and within agencies, as well as how agencies interact with local community entities. Capacity building and team building at the state and local levels will be critical to achieving this change in interaction among agencies and between state agencies and local entities. Initially, the *Partnership Committee* will form six teams responsible for focusing on the following areas: • The ***Planning Team*** will define the framework and limitations, under which services will be locally designed including minimal conditions for participation, incentives and responsibilities. The Committee will review and modify necessary policies, and development of guidelines. • The ***Technical Assistance Team*** will provide technical assistance to local jurisdictions in planning and implementing services and will develop the following: interagency case management model; common intake and assessment forms; common eligibility determinations; interagency management information systems; and confidentiality and information sharing procedures • The ***Training Team*** will insure that training is developed and used by all levels in the following areas: cross-agency training; improved relationships among state and local entities; and community capacity building. • The ***Finance Team*** will develop strategies to restructure financial policies, regulations and practices, in order to support integrated funding. • The ***Quality Assurance and Evaluation Team*** will assure at both the state and local level the capacity to evaluate the progress of the collaborative and community partnerships. The team will: develop realistic, specific, and measurable performance indicators; develop mechanisms to share, compile, and disseminate performance and other data in order to regularly assess the quality of progress; and establish appropriate tracking procedures to assure the adequacy of the local collaborative model(s) being provided and the documentation maintained for federal funding and other accounting purposes. • The ***Service Parameters Team*** will develop guidelines for local proposals containing parameters for a comprehensive non-categorical service delivery model. Initial parameters include but are not limited to: non-categorical enrollment; non-categorical assessment; integrated case management service; consolidated/shared information system; home-based services; establishment of an empowering relationship with families; improved accessibility to services; and co-location of services.

CALIFORNIA

Current Governance Structure	Coordinating State Decision Making Responsibilities of State-level Coordinating Bodies
California's state government follows a traditional structure in which the State Legislature sets policy and the executive branch executes policy and programs. While there is cross-agency activity and collaboration, currently there is no alternative governing body across agencies. The Governor has oversight responsibility for the Health and Welfare Agency, which comprises 13 departments including the Departments of Social Services, Health Services, Mental Health, Developmental Services, and Employment Development. The Agency Secretary and Department Directors are appointed by the Governor. The Governor's cabinet-level Office of Child Development and Education serves the Governor in an advisory capacity. The State Superintendent of Public Instruction is an independently elected constitutional officer who serves as the Executive Officer and Secretary of the State Board of Education and as the Director of the California Department of Education. The State Superintendent administers and enforces educational law and regulations and is responsible for the continued reform and improvement of public elementary and secondary school programs, adult education, and some preschool and child care programs. The State Board of Education, appointed by the Governor, serves as the governing and policy body of the California Department of Education with responsibilities including: the development and adoption of curriculum frameworks and textbooks, the study of California's education conditions and needs, and planning for the improvement of the administration and efficiency and the public schools. Much autonomy is granted to locally elected governing boards of school districts. There are over 7,000 schools in California under the jurisdiction of approximately 1,100 districts. County offices of education provide services to the state's local school districts; the county offices of education have elected governing boards and are administered by elected or appointed county superintendents. Fifty-eight counties with locally elected Boards of Supervisors have responsibility for administering social services, health, and mental health programs. Health and social services are also provided by private, community-based, non-profit agencies. Counties are the providers of last resort for health services to indigent populations.	Multiple commissions and ad hoc committees are appointed by various constitutional officers and department heads to come together around certain issues. These commissions include the Child Development Advisory Committee, the State Commission on Government, Efficiency, and the Economy, the State Collaborative Advisory Committee (to implement the federal Family Preservation and Support program), the Mental Health Council, the Attorney General's Council on Violence Prevention, and the Committee of Practitioners (to implement Title I of the Improving America's Schools Act). To support broad-based, statewide systems change to promote the well-being of California's children and families, the California Partnership for Comprehensive, Integrated School-Linked Services was formed in the fall of 1991. This three-year Partnership between the Governor, the State Superintendent of Public Instruction, and a consortium of private foundations who collectively had been supporting local change projects was defined by an Agreement in Principle which outlines three broad goals. The first goal was to support the development of systems change models through Healthy Start. The second was to build new financing mechanisms to sustain and expand the models to new communities. The third goal of the partnership was to develop ongoing mechanisms for broad- based systems change. These efforts were supported by a collaborative, cross-sector state-level team comprised of top-level administrators including: the State Superintendent of Public Instruction, the Secretary of Child Development and Education, the Secretary of the Health and Welfare Agency, the Governor's Cabinet Assistant Secretary, the Executive Director of the Governor's Office of Criminal Justice Planning, and the directors of key departments (Finance, Health Services Mental Health, Social Services, Developmental Services, Economic Opportunity, and Alcohol and Drug Programs). This state team represented the state in the Partnership and made recommendations pertaining to the policies, activities, and future of the Partnership. The State team also served as the policy-making body for interagency activities including the AB 1741 Youth Pilot Program, the SB 997 Interagency Children and Youth Services Act, and, as necessary, other cross-agency projects focused on children and families. The Partnership encompassed broad goals, but represented only a small part of the cross-sector work underway in California and a small part of the state's administrative responsibilities.

CALIFORNIA (CONT'D)

Coordinating Local Decision Making Responsibilities of Local Coordinating Bodies	State-Local Relationships
California has learned from experience that real systems change occurs locally. At the county, district, and neighborhood levels, communities across the state actively establish local cross-cutting governance entities. The state encourages the formation of these local decision-making entities through several initiatives: (a) Healthy Start is California's statewide effort that places comprehensive support services at or near schools. As the lead agency, the California Department of Education makes grants to local collaboratives for the implementation of locally developed plans to produce measurable improvements in results for students and their families in the areas of school attendance and performance, physical, social and emotional health, and family functioning. In order to receive operational funding under Healthy Start, applicants must submit evidence that a working partnership (a "collaborative") exists among such agencies as schools, districts, county offices of education, county offices of health, mental health, and social services, drug and alcohol programs, probation, and other local agencies that serve children and families to govern and carry out the initiative. While the enabling legislation does not prescribe specific membership requirements for local collaboratives, each applicant is evaluated, in part, based on the scope and strength of their collaborative and its appropriateness to their proposed initiative. (b) The Youth Pilot Program (AB 1741, 1993) establishes a five year pilot for the blending of categorical child and family services funds otherwise allocated to the five participating counties. These counties were selected based on their development of a strategic plan for integrating services and blending funds to realize improved results for children and families. Strategic plans are developed and implementation is directed by county-level collaboratives (Coordinating Councils) required by the enabling legislation to consist of, at a minimum, the following: the county superintendent of schools or the superintendent of each school district included in the Pilot Program; a representative of the county juvenile justice system; county, city, and school officials responsible for funds or services included in the Youth Pilot Program; service providers affected by the strategic plan; recipients of services included in the strategic plan. While the expectation is that these county collaboratives will be far- reaching, as with Healthy Start, the primary criterion on which these county collaboratives were evaluated is their appropriateness to the counties' strategic plans. (c) The Interagency Children's Services Act (Senate Bill 997) authorizes counties to enter into negotiated contracts with the state for the redirection of categorical funds and to request waivers of state regulations. Through these mechanisms, SB997 encourages the development of a comprehensive, collaborative, results-driven delivery system of services to children and youth. The legislation requires that those counties who choose to participate establish an interagency children's services coordination council to be comprised of but not limited to: persons responsible for a range of county services for children and families; the presiding judge of the juvenile court; the superintendent of the county office of education and at least one superintendent of a unified school district within the county; representatives from nonprofit corporations, law enforcement, the local child abuse council, the local child care resource and referral agency; one member of the county board of supervisors.	Annual budget acts for the last several years have shifted more resources, responsibilities, and flexibility to county health, mental health, and social services offices through "county realignment" programs. The Partnership for Excellence, a component of the Governor's proposed 1995-96 fiscal year budget, calls for the consolidation of categorical child welfare services funds into a non-categorical, integrated child and family services allocation to counties which allows for the flexible use of state funds and promotes community collaboration in service planning and delivery. Over the past several years, decision-making authority increasingly has been shifted to local education agencies and county offices. Healthy Start, Charter Schools, school restructuring initiatives, and categorical reforms allow for greater site-based decision making in return for improved results for children and families. The State Superintendent of Public Instruction currently is working to revitalize eleven Superintendents Regions throughout California to facilitate collaboration among people and programs and the development of local capacity within each region. Given California's size, such regional coordination as an intermediary between the state and 58 counties and 1,100 school districts is both necessary and effective.

CALIFORNIA (CONT'D)

State Assistance to Localities	Federal-State Relationships
One of California's greatest challenges in this regard is size and diversity. Out of necessity the state focusses on building local capacity for the local management of many programs that support children and families. Counties, local education agencies, local collaboratives, and a variety of other regional and local governance structures receive some assistance from the state in developing local capacity. As mentioned above, the State Superintendent of Public Instruction currently is working to revitalize eleven Superintendents Regions throughout California as part of her efforts to develop local capacity within each region. A field office of the Healthy Start program develops training tools and other materials for this purpose and the creation of county and district level networks to facilitate local capacity building. A state-level capacity building work group, with broad participation from throughout the state, currently is developing a work plan for improving the ability of local organizations to acquire or enhance the knowledge, skills, and competencies they need to create and sustain comprehensive, integrated, school-linked services systems. This plan focuses primarily on the organizations and individual practitioners, supervisors, planners, and policy makers who currently participate in collaborative initiatives. All family-focused, outcome-based initiatives including Family Preservation and Support, Healthy Start, the Youth Pilot Program, and the Early Mental Health Initiative involve the provision of assistance to local agencies in developing outcomes and indicators focused on children and families, strategic plans, and integrated programs.	California enjoys strong ties with certain sectors of the federal government, particularly the U.S. Department of Education which has taken several of its senior -level staff from CA. Region IX of the U.S. Department of Health & Human Services has been supportive of the Youth Pilot Program as a national model of a state's effort to decategorize services for children and families.

IOWA

Current Governance Structure	Coordinating State Decision Making	Responsibilities of State-level Coordinating Bodies
Iowa is governed by a Governor, who serves four years per term, and a General Assembly comprised of a House of Representatives (99 members) and a Senate (50 members). The General Assembly meets annually from late January to the end of April. In addition, there are several state entities that have decision-making responsibilities that impact services for children and families: Department of Education, Department of Public Health, Department of Human Services, Department of Economic Development, Department of Employment Services, Department of Corrections, and Department of Management. Agency heads are appointed by the Governor. Within each agency are numerous divisions, each of which has specific responsibility for overseeing the provision of services at the state, regional, and local levels. None of the above named agencies can make policy, but each can provide information and technical assistance to the elected officials of the General Assembly who are the policy makers. The Governor also makes policy recommendations and has veto power over legislation passed by the General Assembly. State funds are appropriated through the General Assembly to fund legislatively mandated services. Generally, these monies fund programs that do not receive federal dollars, but state agencies can and do receive both state and federal funds. Several, though not all, of the state agencies have governing boards whose membership is dictated by legislation and whose members may be appointed by the agency director, the Governor, or by the groups designated to have membership. Participation by the private sector and by local citizens in the governance system is generally through an appointment process. Any citizen can complete a form which identifies those councils or commissions on which he/she would like to serve. Completed forms are kept on file in the governor's office and are used to fill vacancies on councils and commissions. There may or may not be term limits attached to council memberships. Some council nominees must be confirmed by the state Senate.	Although there are multiple state and community collaborative interagency work force development efforts underway, there is not a single place in Iowa government that inventories these efforts or considers how the efforts interact. Nor is there an understanding of how new community collaborations interact with existing efforts. In an effort to pull diverse work force development programs together into a cohesive system of services, representatives of six state departments (Economic Development, Elder Affairs, Employment Services, Education, Human Rights, and Human Services) have joined in an interagency collaborative effort to improve Iowa's employment and training/work force development delivery system. This team is developing plans for the creation of multi-agency, local, one-stop work force development centers throughout the state, as well as planning an integrated management information system that will allow programs and departments to access, share, and reconcile data more readily. The Child Development Coordinating Council (CDCC) is a multi-agency state council comprised of representatives from Iowa Department of Public Health, Iowa Department of Education, Iowa Department of Human Services, Iowa Head Start Directors' Association, Iowa Head Start Parents, Resource and Referral, Iowa Area Education Agencies, Iowa Commission on Children, Youth and Families, Department of Pediatrics at the University of Iowa, College of Family and Consumer Sciences at Iowa State University, the Regents' Center at the University Northern Iowa, and the Commission on the Status of African-Americans. The Iowa Early Childhood Care and Education Congress is a joint project of the Iowa Department of Education, the Head Start Collaborative, Resource and Referral, Iowa Department of Human Services, Iowa Department Public Health, Iowa Council for Early Intervention Services, Iowa Department of Economic Development, Iowa Rural Development Council, Iowa Association for the Education of Young Children, Iowa Association of Business and Industry, and Des Moines Area Community College. The Congress showcases existing community collaborative projects and assists other communities in developing their own collaborative networks.	Iowa's Council for Human Investment (CHI) was created through legislation in 1993, with members appointed by the Governor. Two of the mandated responsibilities are to: • Develop a long-term human investment strategy that includes broad policy goals and benchmarks submitted to the governor and general assembly, and • Conduct customer satisfaction surveys of the users of public services for learning the effectiveness of public programs. The CHI, composed of public, private, and legislative members, initially will focus on economic development, work force development, and strong family strategy bench marking. Each of these committees have senior staff for the Departments of Economic Development, Education, Human Services, and Health. The Child Development Coordinating Council oversees the disbursement of over $6.5 million to programs providng services to parents of children ages birth through three years of age who have been identified as at-risk for success in school; and for programs providing services to children at-risk ages three through five years of age and their families. Programs must have a strong collaborative component whereby multiple local and state agencies have joined efforts to provide quality and accessible services to children and families. Grantees may be public schools, Head Start agencies, licensed public non-profit child care centers, and public non-profit community groups. There are currently 85 program sites funded by the Council. Another 30 programs will be funded for 1995-96.

KENTUCKY

Current Governance Structure	Coordinating State Decision Making	Responsibilities of State-level Coordinating Bodies
Historically, decisions about education and other children's and family services have been driven by the budget-making process. The Governor submits to the General Assembly, in its biennial regular legislative session, a 2-year budget constructed from the budgetary requests of the Cabinet Secretaries and the agencies comprising their Cabinets. The General Assembly acts on the budget, returning it with their changes to the Governor for implementation. There is little flexibility in this process and it is not conducive to long-term planning. In the case of agencies governed by boards , all boards with more than advisory authority are appointed subject to legislative confirmation. The composition of these boards, however, is usually defined by statute to include private sector and citizen participation. No child or family serving agencies are governed by independently elected officials. There is an array of proprietary regional organizational structures for administration of state services. Likewise, at the local level services are governed by bodies with overlapping and, frequently, non-contiguous jurisdictions.	Kentucky previously has not had one statewide group responsible for the well-being of children and families. Several state-level interagency committees help set the policies for specific populations such as serious emotional disturbance or developmental delays, but do not assume responsibility for overall well-being of Kentucky's children and families. For the most part, responsibilities for meeting goals for families and children are assigned to single agencies which may attempt to coordinate services with others. Currently the state is in the fifth year of a nationally recognized multi-year plan to systemically reform education through changes in financing, governance and curriculum. The Kentucky Education Reform Act (KERA) established a statewide network of school-based family resource and youth services centers with the goal of reducing mental and physical barriers to learning. The oversight of these centers comes from a State Interagency Task Force made up of the heads of child- and family-serving agencies, parent and representatives from local schools, a first step in creation of a crosscutting body responsible for promoting the well-being of children and families. In the summer of 1994, the Kentucky Commission on Families and Children was established by Governor Brereton C. Jones to provide for consistent statewide planning, coordination and local decision-making on behalf of Kentucky's families and children. Six Cabinet Secretaries (Governor's Cabinet, Human Resources, Workforce Development, Justice, Education, Arts and Humanities and Economic Development) and the Commissioner of Education sit on the Commission. The balance of membership, including the chair, represent the private sector and citizens. Two appointments to the Commission were made by the General Assembly. The Commission is charged with development of a transformation plan for the establishment of a comprehensive, family focused, outcome-oriented, consumer-driven system for funding and delivering services to children and families.	The Kentucky Commission on Families and Children has released a Request for Information (the Kentucky Family and Children's Initiative) statewide aimed at establishing community-designed and driven service reform models to offer other communities and to use in the design of the transformation plan mentioned in Question 2.

KENTUCKY (CONT'D)

Coordinating Local Decision Making	Responsibilities of Local Coordinating Bodies
Educational decision-making authority for communities was established at the most local level in KERA by mandating site-based decision making councils for operation of schools. Councils bring together teachers, parents and administrators to make decisions on school programs, personnel and expenditures. Under the KERA model of accountability based on results, schools and school districts now face consequences for failure to achieve specified results but they are also eligible for unrestricted bonus funds if they achieve beyond those specified results. A similar plan for local decision making, likewise with accountability based on results, is being requested through the RFI. Each local community will determine the structure of its decision making body.	As part of the Family and Children's Initiative, Local Initiatives can construct community-directed systems that deliver more effective supports and services that are family-focused, respond earlier and more comprehensively, and have greater flexibility to strengthen families. This aim reaches beyond expanding existing services as they currently operate. What is envisioned for communities is a more unified set of opportunities, services and supports for families, responsive primarily to needs and priorities that arise from the community rather than federal or state driven agency rules. There is no specific prescription for developing a Local Initiative because each community is unique. Citizens and local service providers are best able to understand what their community needs to set priorities and to be responsible for achieving success. Local Initiatives will be allowed flexibility in the design, delivery and financing of supports and services. Local Initiatives will be able to develop closer ties with local and state government, private agencies and the business community. Also they can spur development of strategies for increasing the economic vitality of families and their neighborhoods. The heart of this change process is the building of a local community collaborative for Families and Children which: 1. establishes a process that identifies local needs and existing services; 2. establishes a vision for that community based on identified needs, existing services, and perceived barriers to or gaps in services; 3. works to build community-wide support for that vision; 4. takes a sustained responsibility for designing and implementing strategies to achieve clearly defined results for families and chldren; 5. operates with a set of principles guiding the strategies for human and educational service delivery and commitment to families; 6. has legitimacy and credibility from its citizen, family consumers of services, local government and private agency involvement; 7. can influence the allocation of resources across systems to achieve the defined results; 8. develops and coordinates local service plans and requests for resources to focus on shared goals regardless of the nature or source of funding; and 9. maintains standards for accountability with systems and the whole community for measuring the results to be achieved. A Local Initiative may, or may not, be a new entity or authority in a community. This evolving approach supports building upon existing services in communities when they have the capacity and commitment to assume the role and responsibilities. Local Initiatives should establish boundaries that conform to a school district, a county or other governmental subdivisions, or multiple units of any of the above such as an Area Development District, to facilitate the distribution and accounting for financial resources, and measuring the results to be achieved.

KENTUCKY (CONT'D)

State-Local Relationships	State Assistance to Localities	Federal-State Relationships
Educational decision-making authority for communities was established at the most local level in KERA by mandating site-based decision making councils for operation of schools. Councils bring together teachers, parents and administrators to make decisions on school programs, personnel and expenditures. Under the KERA model of outcomes-based accountability, schools and school districts now face consequences for failure to achieve specified results but they are also eligible for unrestricted bonus funds if they achieve beyond those specified results.	Provision of training and technical assistance directed at overcoming state and federal policy and fiscal barriers to communities designing and implementing local service reform initiatives has been identified as a critical component of the Kentucky Family and Children's Initiative. Additional foundation funding is being sought to fill this need.	Like all states, Kentucky is examining the potential impact of block grants from federal sources.

MARYLAND

Current Governance Structure

In Maryland, there are a number of related, yet separate, governance structures for children and family services. The State Board of Education, which is appointed by the Governor, is the state-level policy making body for education. The State Board appoints the State Superintendent of Schools who serves for a four year term. There are 24 local school systems, one in each local jurisdiction; 23 counties and Baltimore City. Local boards of education appoint the local superintendent and have jurisdiction over their school systems (with the exception of those issues which are the responsibility of the State Board.)

For children's services, there is a Subcabinet for Children, Youth, and Families. The Subcabinet is responsible for facilitating a comprehensive, effective, efficient and integrated service delivery system for services to children, youth, and families. All members of the Subcabinet are state officials. To provide for policy input outside of state government, the Subcabinet is in process of establishing a State Policy Team which will include representatives from the private sector, advocates, legislators, local government, etc. At the local level, each jurisdiction is responsible for establishing a Local Planning Entity to implement an interagency delivery system of services for children and family (note: name to be changed to Local Management Board). The purpose of these local governance structures is to integrate children's services at the local level. The Local Planning Entity has representation from both the public and private sector.

The Governor plays a pivotal role in the development and implementation of services to children and families. The Governor appoints the Special Secretary for Children, Youth, and Families, who chairs the Subcabinet. He also appoints the Secretaries of Health and Mental Hygiene, Human Resources, and Juvenile Services (Justice), and Budget and Fiscal Planning. Together with the State Superintendent of Schools, these secretaries and the agencies they direct have responsibility for policy, services and budget for the continuum of children's services available in Maryland.

Each of the state agencies has local counterparts . These local agencies include local departments of social services, local health departments, and local school systems, and local juvenile services agencies.

The Governor has strong budgetary powers. In Maryland, the Governor develops the budget and presents it to the Legislature who can only cut, not add to the budget. The Legislature makes policy in terms of state laws and in its role in supporting or reducing the Governor's Budget. The Maryland State Legislature has been very active in supporting children's services, both in terms of legislation and budget.

MARYLAND (CONT'D)

Coordinating State Decision Making	Responsibilities of State-level Coordinating Bodies
Since 1989 Maryland has ensured systemwide decision-making oversight, monitoring, and accountability for family-focused services through the Governor's Subcabinet for Children, Youth, and Families, an interagency collaborative body. Members of the Subcabinet include the Secretaries of Health and Mental Hygiene, Human Resources, Juvenile Services, Budget and Fiscal Planning, the State Superintendent of Schools, and the Director of the Office for Individuals with Disabilities. The Special Secretary for Children, Youth, and Families chairs the Subcabinet. The Subcabinet has established a State Management Team comprised of state agency representatives to recommend, manage, coordinate, and monitor Subcabinet initiatives. This core management team incorporates input from other stakeholders and cuts across agencies to plan and act flexibly and effectively. The formation of a State Policy Team is presently in progress. The Policy Team will include representation from different stakeholder groups including service providers, advocates and parents, representatives of public agencies and Local Planning Entities. Subcabinet Secretaries, working with the State Legislature, have supported Local Planning Entities (LPEs) to ensure the planning, implementation, and monitoring of services to Maryland's children and families. (See response to Question 4.) LPEs are comprised of representatives from the private sector and local communities including citizens, consumers, and providers of services, working together to help set the local agenda for children and families. Note that legislation has just been passed changing the name of the Local Planning Entity to Local Management Board which more accurately reflects the role and function of these local coordinating bodies. Localities have also actively participated with the Subcabinet in testifying before the legislature on bills affecting children and families, and advocating for making changes in state policies and regulations that will assist localities in improving the nature and quality of services and supports. Under the umbrella of the Systems Reform Initiative which focuses on preserving families and reducing out-of-home placements, community resources on both the state and local jurisdictional levels have been and continue to be a part of the restructuring of a seamless interagency human services delivery system. Evidence of commitment to this effort is the Subcabinet interagency fund of pooled dollars that support the LPEs. Legislation passed in 1994 requires the the Subcabinet to phase in a statewide system of interagency budgeting and funding by 1998. The system must contain four components: (1) a Subcabinet fund; (2) a plan for a continuum of care and services that is family and child oriented and emphasizes prevention, early intervention, and community-based services; (3) an interagency effort to maximize available resources from all sources, including federal moneys and private third party reimbursement; and, (4) outcome measures and fiscal incentives to encourage more productive use of state funds for children and family services. As the first step in this effort the Departments of Human Resources, Health and Mental Hygiene, Juvenile Services, and Education have pooled $37,500,000 for FY '96 to be used for preserving families and reducing the number of out of home placements. Staff to the Subcabinet provide training and technical assistance to communities to establish outcomes and work toward meeting those desired outcomes for children and families. Together State staff and LPEs work to negotiate performance standards, goals, and benchmarks for localities to measure progress and assure accountability. Data is collected to facilitate local planning and to encourage collective accountability. Marylanders are working together toward a more coordinated information technology effort to complement its Systems Reform effort across agencies and program areas.	The Subcabinet for Children, Youth, and Families has two activities associated with the development and implementation of performance standards: • Under the direction of the Governor, the Office for Children, Youth, and Families (OCYF) has begun developing statewide outcome measures. During the FY '97 budget cycle, these outcome measures will be finalized and used to measure the performance of the Subcabinet's programs. • In order to develop sensible outcome measures, the Office for Children, Youth, and Families will be collecting data from the local management boards and plans to collaborate to develop outcome measures that look not only at the demographics of the children served, and the services/programs provided, but also will look at the effects the services/programs have had on those served. The Subcabinet has also implemented a financial rewards system under which local management boards and OCYF jointly develop service delivery and financial goals to be met in the fiscal year. If the goals are met, the local management boards are rewarded from an "Incentive Fund" under an agreed upon formula. The fund is managed by the Office for Children, Youth, and Families.

MARYLAND (CONT'D)

Coordinating Local Decision Making	Responsibilities of Local Coordinating Bodies	State-Local Relationships
Maryland requires the formation of local decision-making entities called Local Planning Entities (LPEs) under Article 49D of the Maryland Annotated Code. Within guidelines developed by the Special Secretary of the Office for Children, Youth, and Families, each local jurisdiction must establish an LPE to ensure the implementation of a locally based, interagency, service delivery system. Each LPE is a quasi-public entity that may or may not be an instrument of the local government. Its members are appointed by the government of that jurisdiction and generally constitute a 51%/49% private/public citizen ratio. LPEs are held accountable for the goals they set and receive incentives based on the outcomes for that jurisdiction. Local Planning Entities were first required in statute in 1990. Currently 15 jurisdictions have LPEs and the remaining 9 are in the process of being formed.	Maryland has established new local decision making entities as a part of its Systems Reform Initiative. Now mandated in law, Local Planning Entities are to be appointed by local government and consist of representatives from education, social services, juvenile services health, mental health core service agencies, and local government who have the authority to obligate their agency resources. (See response to Question 4.) Local Planning Entities are responsible for interagency planning, goal-setting, resource allocating, implementing, and monitoring state funded or supported interagency services to children and their families in the local jurisdiction. They develop plans for services to those populations identified by the Subcabinet as appropriate for interagency services. In the future, Local Planning Entities are to become responsible for developing comprehensive interagency plans for local delivery of services to families and children, within state guidelines. For example, seven Local Planning Entities are presently involved with assessing local needs and developing local plans to support Maryland's application for funding available from the United State Department of Health and Human Services, authorized by the Family Preservation and Support Act. If successful, these funds will be used to support and strengthen Maryland's Systems Reform Initiative for children and families services.	There is a deliberate and focused effort in the State of Maryland to move, wherever possible, responsibility for decision making from the state level to the city and county levels. This involves governmental decisions, as well as educational decision making. At the Maryland State Board of Education level, for example, the opportunity has been extended to all 24 local districts to apply for waivers of existing graduation requirements. The Maryland State Department of Education has also encouraged the local school systems to implement site based management, and has offered technical assistance in the establishment of that concept. Over the past several years there has been a growing spirit of collaboration between and among various state and local bodies to focus more clearly on the client. Examples of this type of change include the following: • Local school systems have been empowered to identify procedures and processes for graduation requirements. • Local school systems have been offered the opportunity to request waivers from graduation requirements. • Numerous interagency workgroups and committees have been developing procedures to simplify and expedite services for clients such as the Maryland Community Benefits Network (MCBN) a collaborative project that provides screening and referral information regarding potential eligibility for 47 entitlement and support benefits. • Under MSDE's Division of Career Technology and Adult Learning, there is a new and increasing collaboration between local school systems and community colleges. They have established boards with memberships from all of the participating bodies, and cooperatively develop programs and make decisions concerning how those programs will operate. • There is increasing emphasis on shared decision making both at the interagency level and with community and business groups. An example is the statewide technology plan which was chaired by a member of the business community but which involved communities, education, government, parent groups, and students that designed a technology program for 2000 and beyond for the entire State of Maryland.

MARYLAND (CONT'D)

State Assistance to Localities	Federal-State Relationships
State government in Maryland is helping to build local capacity to make better decisions and be more accountable for results of supports and services by establishing benchmarks. Under the new administration, planning is being conducted that includes internal benchmarking and a statewide effort to link all supports and services to outcomes. The Subcabinet for Children, Youth, and Families is currently considering the process for setting statewide outcomes for children and families that: (1) includes stakeholders at both the state and local levels; (2) engenders ownership and concensus among all stakeholders; (3) involves integration with current planning processes and programs of Subcabinet agencies; and, (4) increases local authority to plan, implement, and monitor children and family services on an interagency basis. Statewide training and technical assistance on planning, using data and outcomes to make decisions, and developing interagency budgets and funding pools for family preservation services are provided to localities by Subcabinet staff, specifically staff in the Systems Reform Initiative and State Coordinating Council offices. (The State Coordinating Council is responsible to ensure that children at risk of placement into residential facilities receive an interagency plan of care in the least restrictive setting available and appropriate. Local Coordinating Councils are established in every Maryland jurisdiction to develop these plans.)	The State of Maryland's interaction with the Federal government has been productive in achieving the goal of more coordinated state and local decision making. Examples of this improved interaction include: Waiver Activities • In 1992, the State received an 1115 waiver from the Federal government for the "Maryland Primary Prevention Initiative Demonstration Project". The State Departments of Education, Human Resources, and Health and Mental Hygiene collaborated on this initiative, whose main goal is to improve the life prospects of children on AFDC. The project links preventive health care, immunizations, and school attendance for children with the AFDC payments to their parents. The incentives (and disincentives) of this approach promote responsibility by the parents in ensuring their children regularly attend school and receive ongoing health services. • The State has requested a 1915(c) waiver from the Federal government to implement a home and community-based services program for children in residential treatment centers within the Medicaid program. The goal of the waiver is to move children from more restrictive institutional settings into home and community-based service settings that are deemed more appropriate for the child. The waiver is critical in assisting the State agencies to meet a State statute that mandates the return of children in out-of-state placements by September 1997. Subject to Federal approval, the State hopes to implement the waiver programs beginning December 1, 1995. Other Activities • The Maryland State Department of Education (MSDE) has begun development of a "Consolidated Plan" under which a single application for Federal resources is made in lieu of multiple applications for Federal funds. It is anticipated that the consolidated application project will lead to increased integration of Federal funds that will in turn permit MSDE to more effectively integrate Federal funds with State and local funding. In concert with this Consolidated Plan, the MSDE is planning to apply for an "Ed-Flex" waiver. The waiver would permit at least six State Boards of Education to waive Federal regulations as well as State statutes and regulations in implementing a number of education programs. • Under Maryland's Schools for Success/Goals 2000 program, State and local representatives jointly developed a plan which is being submitted to the Federal government. Additionally, local school systems and consortia have submitted proposals to MSDE to receive Federal funds. These funds are specifically targeted to four priority areas. They are: Accountability, Early Intervention and Prevention Services, Safe and Drug-Free Schools, and Innovative Programs.

MISSOURI

Current Governance Structure	Coordinating State Decision Making	Responsibilities of State-level Coordinating Bodies
The two state agencies with primary responsibility for education and children and family services are the Department of Social Services and the Department of Elementary and Secondary Education. The Department of Elementary and Secondary Education's (DESE) policy making body is the State Board of Education, which comprises individuals appointed by the Governor who serve eight year terms. The State Board makes policy, which the Commissioner of Education executes. The Commissioner is responsible for carrying out State Board policy and legislative mandates passed by the General Assembly and signed into law by the Governor. DESE carries out these policies and legislative mandates. There are 530 local education agencies (LEAs) in Missouri. These LEA's have a great deal of autonomy in determining local education policies and practices. They are bound by state laws, State Board policies and federal mandates, yet have a great degree of latitude in determining local educational practice. LEA's are governed by local boards of education, which are elected. The Department of Social Services has responsibilities for programs in the areas of medical care (Medicaid), income maintenance, child welfare, juvenile programs, child support and enforcement, and aging. Social Services administrative agents in the field are organized by region, county office, or by facility/program. They are responsible to their Division Directors, who are responsible to the Department Director. The Department Director is appointed by the Governor, and is considered to be a "cabinet level" appointee. The Director is confirmed by the State Senate, and serves at the pleasure of the Governor.	Cross-cutting strategies are being developed at two levels. At the state level, state agencies are laying a policy foundation to encourage innovation and flexibility in the provision of services for children and families. A joint budget initiative provides for a significant expansion of Missouri's CaringCommunities program, an effort to link health, mental health, employment, and human services with education reform efforts in Missouri. This school-linked approach will be driven by local decision-making Community Partnerships and will ensure that systems reform and education reform are linked. Community Partnerships will receive technical assistance from a pool of state and local resource providers to meet their program strategies for improving outcomes for kids and families. At the local level, cross-cutting strategies will be identified and implemented through the Community Partnerships. Each Community Partnership will be specifically empowered to negotiate new relationships with state agencies in the provision of a variety of services for children and families. Community Partnerships are comprised of representatives of all key stakeholders in the community including: state/local agency representatives, school officials, human services providers, business and civic leaders, consumers and other concerned citizens. The charge to communities will be to develop strategies that merge efforts of existing resources in the community, both public and private. Technical assistance for these efforts is being provided by the Family Investment Trust and a resource pool of state agency personnel and local partnership leaders.	At the state level, the Family Investment Trust is providing a cross-cutting mechanism for this effort. It is being supported by a corollary effort among the Deputy Directors of each of the state agencies involved. Deputies are planning specific activities related to policy and budgetary development to support Missouri's efforts. The budgetary initiative for Caring Communities provides an example of our current efforts. The General Assembly recently passed a $24M request for expansion of Caring Communities. Each agency will contribute direction for services that will be linked closely to participating schools. The $24M combines federal funds from the Family Preservation and Family Support Act, new state dollars, redirected funds from each agency, and federal earnings to provide flexible funds for use by communities. At the local level, Community Partnerships will, by definition, be representative of stakeholders in the community. Each Community Partnership will create a governance structure, within which the various local entities share in decision-making responsibilities associated with efforts to improve services and results for children and families. The Community Partnerships are currently being developed, with one example, the Local Investment Commission in Kansas City (LINC) being identified as an existing partnership with a track record of innovation and credibility with the community. Community Partnerships will be charged with negotiating performance standards with state government to assure accountability. The Partnerships will collect data for baseline information and planning purposes and be expected to identify benchmarks for desired outcomes. State government responsibilities will include providing incentives (flexible funding, relief from regulation, etc...) for achieving these outcomes and helping communities do so in creative and innovative ways. Community Partnerships will also be held accountable if they do not achieve desired outcomes.

MISSOURI (CONT'D)

Coordinating Local Decision Making	Responsibilities of Local Coordinating Bodies	State-Local Relationships
State agencies and the Family Investment Trust are encouraging the development of Community Partnerships to become the local decision-making entities. Some Community Partnerships have formed with the encouragement of state government (Cape Girardeau's Caring Council, Kansas City's LINC, Northeast Caring Communities Advisory Board, Springfield's Community Task Force, etc...) and state government has provided staffing for some of these entities. Some Community Partnerships have developed spontaneously, or expanded their mission from a specific area (e.g. the Community 2000 alcohol, tobacco and other drug abuse prevention efforts expanding to assume a broader community development vision). Community Partnerships often include civic leaders and should include all relevant stakeholders in the community. Service providers, school leaders, consumers and concerned citizens (e.g. through representatives of community associations) are included in Community Partnerships. The composition of the Partnership is determined at the local level, according to local needs and capacities. All members of the Community Partnerships are volunteers.	Community Partnerships, with the assistance of the Family Investment Trust and state government are responsible for assessing their communities needs and capacities; designing strategies to improve results for children and families; setting priorities for the utilization of resources; and tracking progress towards achieving these outcomes. These responsibilities have been decided through an ongoing dialogue of state agency personnel, the Family Investment Trust and representatives of local service providers and community representatives (Missouri Partners).	Community Partnerships will be empowered to negotiate new relationships with state agencies towards the provision of services and systems that are responsive to the needs of children and families. They will also be accountable for achieving results. Part of this new relationship will include the devolution of responsibilities to Community Partnerships to design new approaches to responding to the needs of children and families. The Partnerships will receive assistance in achieving these desired outcomes through flexible funding, regulatory relief, and technical assistance/expertise from state agencies and the Family Investment Trust.

MISSOURI (CONT'D)

State Assistance to Localities	Federal-State Relationships
State agency partners (Education, Health, Mental Health, Social Services, Labor and Industrial Relations) have committed 15-30% of the time of several professionals from their regional and/or central offices to provide technical assistance to Community Partnerships. The Family Investment Trust will serve as the coordinating body to assist the partnerships in developing a technical assistance plan that addresses policy, fiscal, and administrative concerns. Trust staff will call upon the expertise of the agency personnel (and other Partnership leaders where appropriate) to assist Community Partnerships with program design, financing strategies, community needs/capacity assessment, etc.	State agencies are pursuing or have received waivers from the federal government to change service delivery approaches in Missouri. An example of such a waiver changing the way business is done in the state is the 21st Century Communities effort in Kansas City. One of the strategies involving federal waiver(s) in the 21st Century Community effort is related to employing AFDC recipients. A federal waiver has been granted for the 21st Century Communities to use AFDC and Food Stamp benefits as a wage supplement to an employer willing to locate/relocate their business in targeted communities in the inner city. The employer applies these benefits towards a living wage for the worker (former recipient). Child care and health care are continued to support the worker and his/her family members. Another waiver that has resulted in cost savings and improved health care services for Kansas City area residents is the 1915B waiver approved several years ago by the U.S. Department of Health and Human Services Health Care Financing Administration (HCFA). This waiver resulted in a managed care system with a network of providers for Medicaid eligible individuals and families. The system includes a number of providers, located in the community, and provides for a continuum of care that includes preventative and primary care services. An example of cooperation between the federal and state government is Medicaid reimbursement to schools. This program, administered by the Department of Social Services in cooperation with the Department of Elementary and Secondary Education has two parts: 1) reimbursement for Direct Services such as Occupational Therapy, Physical Therapy, Speech Therapy and Psychological Services; and 2) Administrative Case Management, which provides partial reimbursement for coordinating health care services for all students, based upon the percentage of Medicaid eligible pupils. Medicaid reimbursement to schools has helped provide resources for schools to expand their role in supporting the healthy development of their students. Nurses, social workers and other allied health professionals salaries contributed to the success of this program. The Department of Health, Department of Elementary and Secondary Education, and Department of Social Services are working together to implement school health programs under a state legislative initiative. Grants have been awarded to county health departments and local school districts to forge partnerships for the provision of needed health care services for children. These grants are for capacity building and provision of direct services and case coordination and management. A key financing strategy for the schools continuing commitment of these services will be Medicaid reimbursement to the schools under the Direct Services program and Administrative Case Management.

OREGON

Current Governance Structure	Coordinating State Decision Making	Responsibilities of State-level Coordinating Bodies
The Oregon Legislature ultimately makes decisions around assigned responsibilities, including state agency budgets and basic school support dollars for local school districts. However, state agencies operate under the Governor and the Department of Administrative Services, who make preliminary organizational and budget recommendations to the Legislature, and administrative/operational decisions. Several agencies are governed by independently elected officials and report directly to the Legislature. The Department of Education has an elected Superintendent and a board appointed by the Governor. Counties are governed by elected Boards of County Commissioners, with recently appointed local commissions on children and families playing an advisory role. Within (or between) counties, depending on the geographic and population size, local school districts, with elected school boards, operate independently. Education service districts and community college districts exercise different responsibilities, and are also independent entities.	The Oregon Legislature and the Governor set the state's agenda for children and families. The 1993 Legislature has established the Oregon Commission on Children and Families. The Commission has the following as its mission: "To set statewide policy for services to children and families in collaboration with state and local partners and champion community efforts that foster wellness and community responsibility." The Commission has 14 members. In addition to the Director of the Department of Human Resources and the State Superintendent of Public Instruction, the Governor appoints one representative from the county juvenile department directors association, six public members, two members from local commissions on children and families (one rural, one urban), one social service professional and two members from the business community. A Coordinating Council for Children and Families is also established in statute. This council is primarily made up of agency heads or their designees and serves as a resource for technical support to the commission as well as making recommendations to the governor in matters affecting service integration and collaboration of state agencies.	The Oregon Legislature has authorized the Commission on Children and Families to set statewide policy for services to children and families in collaboration with state and local partners and to champion community efforts that foster wellness and community responsibility. The Commission on Children and Families establishes a focus on early childhood development, strong prevention components, and strengthening and supporting families through the promotion of wellness. The responsibilities of the Commission are to: 1) develop a comprehensive local plan in each county for children's services, ages birth to 18, and their families; 2) distribute state and federal funds to purchase services for children and families in the local area, develop partnerships in the community and evaluate programs based on how they satisfy needs of the comprehensive plan; 3) create a children-friendly community by building new partnerships and developing local resources to invest locally and to match or build on government funds, develop local capacities that support the family, advocate on behalf of children; and, 4) ensure that services are available and accessible, eliminating fragmentation, duplication and stigmatization. It is Oregon's philosophy that strategies are best developed and achieved locally, in partnership with the state, and that the state's role is primarily involved with program development, technical assistance, monitoring and evaluation.

OREGON (CONT'D)

Coordinating Local Decision Making	Responsibilities of Local Coordinating Bodies	State-Local Relationships
HB 2004 (1993 Legislature) mandates local commissions on children and families in each of Oregon's 36 counties. The local commissions are appointed by and advisory to county boards of commissioners. Each county was required to submit a comprehensive plan for children and families by July 1, 1994 with updates at appointed intervals thereafter. In those plans, counties are asked to address eleven core "benchmarks" based on the Oregon Benchmarks, or to seek state Commission approval for a waiver. Waivers are granted if counties could demonstrate that wellness could better be achieved in their communities without the particular benchmark, or by substituting or adding other benchmarks. Counties are also asked to state short-term objectives ("directions") that will lead to achievement of the benchmarks. The counties' requests for proposals are based on their directions. Providers are asked to incorporate outcomes measures in their proposals and will be held to them through country contracts. Local commissions are required by statute to include at least eight members and a chair. The actual numbers vary by county. That statute also dictates that a majority of the members will be "lay persons" (not make their primary income by administering or providing direct services to children and families). Counties have a variety of mixtures within the legal parameters. The law also requires that local commissions' composition be reflective of the diversity within the counties.	The Commission on Children and Families has the following local responsibilities under HB 2004: The main purpose of the local commission is to promote wellness for children and families and to develop policy and oversee implementation of a plan for children and families. • The local commission shall assess needs and identify county or regional outcomes to be achieved. It shall develop and prepare a comprehensive area-wide service delivery plan. • The plan shall be based on children's support areas, local needs and desired results, local, state and federal resources, best practices for the specific community, and continuation of current public and private services as appropriate. • Local Education Service Districts provide technical assistance to school districts in their service area and also, under resolution, provide specialized services such as special education, drop out prevention and school health services programs. Regional Workforce Quality Councils work with several counties in a region to coordinate and plans for economic development and workforce training key elements in helping families develop self sufficiency. In addition, as an alcohol and drug abuse prevention strategy, Oregon Together teams have been established in many communities to develop community policy and plans to reduce substance abuse.	Oregon is changing the way that it communicates with local governmental entities in several ways. It has created Commission on Children and Families offices in every county and required a broad section of participation with citizens and local agencies. It has promoted several cross agency projects in the area of social services. State agencies are reevaluating the effectiveness of state versus local community service delivery and pushing for local approaches where possible, and the Department of Human Resources has established the Community Partnership Team section in its administrative office. Finally, the state has initiated several efforts through the state Progress Board to reach out to community leaders to assess progress toward state benchmarks so adjustments can be made. Communication channels are being changed with agencies that serve Oregonians but some of those changes may not yet be apparent to the people who get those services. Decision-making has been delegated in some areas, especially through the newly formed commissions, but on a much more selective basis than in the area of communication. Narrow program areas are being identified for discussion and local decision- making but often that includes rules/mandates and fewer dollars than originally invested. It has been a mixed blessing for localities.

OREGON (CONT'D)

State Assistance to Localities	Federal-State Relationships
At the local level, Oregon is building capacity to make better decisions and be more accountable for results in the education system through school building-based site councils. These and other components of school reform, including the integration of social services, are moving decision making to school buildings and expanding the involvement of parents and the community. Local Education Service Districts have board advisors on social service integration and workforce development. The Dept. of Education is responsible for establishing policy and other administrative supports to develop a new way of doing business. Local commissions on children and families in every county have developed comprehensive local plans for services to children and families. The state provides funds for at least two local staff in each county who are responsible for supporting their local commissions at the county level, working with other county agencies, advocating with state and local officials on policy issues, monitoring and evaluating local programs, and maintaining fiscal accountability. These local commissions are linked to a state Commission, which is the policy making body. Approximately 30 state staff support the state Commission. Six regional coordinators spend a great deal of time in counties assisting with policy and technical issues and bringing the county perspective into state policy decisions. Fiscal staff travel to counties to assist them in budgeting and tracking finances. Program specialists work directly with counties to offer them information, research, and policy implications for communities. The state Commission meets each month in a forum where local representatives are active participants and play an integral role in developing state policy. Since the State Superintendent of Public Instruction and the Director of the Department of Human Resources are members of the state Commission, this forum provides a cross-cutting policy perspective for state and local participants. These meetings, along with statewide trainings and symposiums, offer local participants opportunities for networking – sharing ideas and building relationships. Each county's computer is connected to a wide area electronic mail system so that staff can talk with each other as well as with the state office. The Department of Human Resources has established a section in the Department called "Community Partnership Team." The Community Partnership Team has organized to work with local communities to integrate the services based on local needs, resources and plans. All of the state agencies are providing training and technical assistance to localities in areas of professional specialty, general programs and collaboration. As appropriate, each agency invites local and state partners to promote cross-training and integration. At the state level, these agencies are increasing their collaborative efforts in the areas of policy development, information systems and funding strategies.	Oregon has had excellent experience working with the federal government to change how we do business and using federal resources. Most recently, the state has entered into a Memo. of Understanding with the Clinton Admin. to pilot a model of intergovernmental service delivery around results called the Oregon Option. In the Oregon Option, federal officials have agreed to suspend certain restrictions on how state and local officials can use federal funds in three different program areas. In return for this flexibility, state and local officials have agreed to meet a set of specified results. The three program areas are workforce, childhood health, and family stability (welfare reform). The heart of the current work is redesigning systems to focus on measurable results, consolidating programs, redesigning funding rules, and cutting red tape to achieve results. The Oregon Option focuses on prevention rather than remediation of problems, delegates responsibility and decision making powers to those on the front lines, and rather than budgeting more money, redirects the current funds in a more efficient way In addition, Oregon has had good experience in obtaining waivers. Two examples are the Oregon Health Plan, which has extended Medicaid coverage to 100% of the people at or below the poverty line through a prioritization of services and a focus on preventive medicine; and an AFDC waiver requiring eligible teen parents to be completing their education or be employed. As a result, Oregon has the highest national average of teen parents in school.

TEXAS

Current Governance Structure	Coordinating State Decision Making
Fifteen state agencies, each with independent boards, serve children and families. In addition to those under the Health and Human Services Commission, the Texas Education Agency, Texas Youth Commission, Children's Trust Fund and the Communities in Schools program (administered by the Texas Employment Commission) also serve children. With the exception of the elected State Board of Education, the boards are appointed by the Governor. Agency chief executives are chosen by their boards, except for the Governor-appointed Commissioners of Health and Human Services and Education. Statute and federal legislation divide responsibility for development, implementation, and/or monitoring of activities and programs related to public education among the state Board of Education, the commissioner of education, the state dept of education, regional education service centers, school districts, and other entities.	The Texas Health and Human Services Commission is the primary statutory force that currently drives Texas' efforts to strengthen families and improve outcomes for children. As established by state law in 1991, the Health and Human Services Commission was directed to oversee health and human services, coordinate programs, and improve service delivery. House Bill 7 also transferred sizable programs among agencies and created the Dept of Protective and Regulatory Services. The Dept of Protective and Regulatory Services provides child and adult protective services as well as a number of licensing and inspection functions. The health and human services agencies continue to operate independently under their boards and executive directors subject to oversight and coordination by the Commission. The Commission includes 11 health and human service agencies (Dept on Aging, Commission on Alcohol and Drug Abuse, Commission for the Blind, Texas Commission for the Deaf and Hearing Impaired, Early Childhood Intervention, Dept of Health, Juvenile Probation Commission, Dept of Mental Health and Mental Retardation, Rehabilitation Commission, and Dept of Protective and Regulatory Services), but does not, however, include other key agencies such as the State Education Agency, Children's Trust Fund, or Youth Commission. There was an additional statutory force in the state, the Texas Commission on Children and Youth. Established by state law in 1993, the Commission on Children and Youth was an 18-member interim commission that ended March 31, 1995. Its membership consisted of state legislators, local officials, private citizens, and service providers. Senior officials representing various state agencies and offices served as ex-officio members of the Commission on Children and Youth. During its existence, the Commission on Children and Youth developed a comprehensive proposal to improve and coordinate public programs for children and achieve specific goals related to education, health care, juvenile justice and family services. This plan, however, was not passed by the legislature during the past session ending May 31, 1995. It remains to be seen if anything will happen to the Commission's work in the future. The Commission on Children and Youth wrote a report detailing its comprehensive plans for the state, entitled *Safeguarding Our Future*, which included: • an overall vision for Texas' children and families; • guiding principles; • six primary goals for children and youth, with recommendations to improve delivery of services at both the state and local level; • a blueprint for action; and • a common, cross-cutting set of prioritized benchmarks (outcomes). It is generally believed that *Safeguarding Our Future* will provide a primary basis and reference for the state's continued efforts to improve the coordination of children's services. The statewide strategic plan, called *Texas Tomorrow*, serves as the basis of each individual agency's strategic plan and is developed by the Governor and the Legislative leadership. *Texas Tomorrow* contains broad goals and cross-system outcomes for which state agencies will be held accountable. The statewide goals for children and families presented in *Texas Tomorrow* were developed after consultation with the Health and Human Services Commission, the Commission on Children and Youth, the Texas Education Agency, advocacy groups and public testimony. Individual agencies will be funded according to agency performance on obtaining the outcomes and objectives presented in individual agency strategic plans.

TEXAS (CONT'D)

Responsibilities of State-level Coordinating Bodies	Coordinating Local Decision Making Responsibilities of Local Coordinating Bodies
The Texas Health and Human Services Commission, as described above, is the one entity with statutory force to coordinate health and human services programs at the state level. In addition, many agencies undergo either formal (through Memoranda of Understanding or Contracts) or informal coordination activities on a program-by-program basis. The Texas Health and Human Services Commission and its eleven component state agencies have developed a coordinated strategic plan that includes a focus on services to children and families and have developed criteria for prioritizing health and human services funding needs. During the recent legislative session, three riders to the Appropriations Bill passed which also expand state-level coordination efforts. The first rider directs the Health and Human Services Commission to develop an integrated approach to a service delivery system that includes a cost-effective one-stop or service center method of delivery to a client. The second rider directs the Governor's Office of Budget and Planning and the Legislative Budget Board to develop a procedure to incorporate the concept of "investment budgeting" in the legislative appropriations process for the 1998-99 biennium. The final rider directs the Governor's Office of Budget and Planning and the Legislative Budget Board, in conjunction with the development of their budget estimates for the 1998-99 biennium, to identify agency-specific budget elements that share common statewide missions, goals and services categories for the purpose of identifying program areas in which the potential for overlap in agency jurisdiction or duplication in agency efforts may exist.	The Health and Human Services Commission has created eleven regional interagency councils to facilitate planning. Thus far, these groups have worked on service co-location planning. The McLennan County Youth Collaboration, San Antonio 2000 and San Antonio Fighting Back, the Houston/Harris County Commission on Children and other initiatives are examples of local collaborative efforts. Regional Education Service Centers have been established in each of 20 regions to provide services to school districts within each region. Education Service Centers are service organizations, and participation by schools in the services of the centers is voluntary. A seven-member board of directors elected by members of local district boards of trustees within the region govern the centers. Education Service Centers provide services to school districts to support administration and instruction. They operate cooperatives that have formed among school districts for a range of purposes that include management of federally funded programs in drug, migrant, and accelerated education; provision of school nurses, librarians, and counselors; adult education; and reduction of district administrative expenses. Although they were not implemented in the latest legislative session, the Commission on Children and Youth's recommendations included a call for the development of local commissions on children and families on at least a county basis throughout the state. The purpose of these commissions would have been to ensure a stronger local involvement in the planning and delivery of services. The recommendations also called for a state-level policy council to facilitate service delivery reform and to support the work of the local commissions. The responsibilities of the local commissions would have included: identifying specific problems affecting children and families in their community; setting a local agenda and developing strategies to address community priorities and the state's essential goals for children; developing new services to meet family needs more effectively; mobilizing public and private resources; coordinating fiscal strategies to support the service agenda; and ensuring accountability. It remains to be seen if these recommendations will be revisited in the future.

TEXAS (CONT'D)

State-Local Relationships	State Assistance to Localities	Federal-State Relationships
Presently, responsibilities for accomplishing goals for children and families are assigned generally by statute to both single and groups of state agencies who then coordinate the participation and contributions of other agencies. Authority and decision-making is centralized at the state level, and in most agencies is implemented through a regional structure. Currently, communities are given little authority to decide how strategies and responsibilities are carried out, and there are few formal linkages with communities. There are statewide examples of community governance in singular areas, but these do not encompass the broad spectrum of children's issues. State-initiated collaborations, such as the Casey Foundation initiative in the Third Ward of Houston (a systems reform initiative), the Texas Children's Mental Health Plan (a statewide interagency effort to build community-based mental health services) and the Community Resource Coordination Groups (local interagency staffing groups for children with complex needs), among others, have been underway for several years. There is a lack of formal coordination between the public and private systems, and between state, local and private funders. Thus, the service delivery system does not efficiently benefit from the assets of each. At the community level, however, there is often a long history of cooperation between city and county governments, United Way and other charitable organizations and the private sector. State agencies may participate in such efforts to the extent permitted by their regulations and practice, but this is more the exception than the rule.	During the past legislative session, HB 869 was passed which requires the Health and Human Services Commissioner to consider, while developing a strategic health and human services plan, the priorities and plans of local government entities currently engaged in coordinating health and human services. Local government entities can request assistance from the Health and Human Services Commission in implementing a coordinated plan, which may include co-location of services, integrated intake, and coordinated referral case management.	Increasingly, new federal funding has been contingent on interagency coordination and community involvement. For example, the federal Family Preservation and Family Support Services Act of 1993, which is administered by the Texas Department of Protective and Regulatory Services, requires collaboration at both the state and local levels in providing preventive, family support services. The Community-based Family Resource Program Act has similar requirements and offers the incentive of federal matching funds for states willing to blend funds for such purposes. Education funding is also moving in this direction. The Elementary and Secondary Education Act Amendments of 1994 includes a new Title XI which authorizes "coordinated services projects' to meet the educational, health, and social service needs of children and their families through community partnerships operating at or near a school. Other legislation, such as the new federal crime bill, requires extensive community support and linkages between education, crime prevention and substance abuse programs, and law enforcement agencies.

WASHINGTON

Coordinating State Decision Making	Responsibilities of State-level Coordinating Bodies
Washington enacted in 1992 the Family Policy Council (FPC). Council membership includes the heads of five state agencies (Department of Social and Health Services, Department of Health, Superintendent of Public Instruction, Department of Community, Trade, and Economic Development, and the Employment Security Department), four legislators, and a Governor's Office administrator. In 1993 Washington funded 22 local projects through the Readiness to Learn initiative as part of the state's Education Reform Act. The purpose of the Readiness to Learn projects is to better prepare schools and social service organizations to work together to provide comprehensive services for young people and their families. In 1994, the Legislature continued its efforts to empower communities by passing legislation that provides for the FPC to lead an initiative to devolve state government authority to the local level. Family Preservation and Support money, policy, and prevention focus are key issues in the legislation. The legislation addresses governance issues in the delivery of social, health, education, and employment services. The relationship of the FPC to existing state government entities is somewhat unclear. Staff to the FPC are housed in the Department of Social and Health Services (DSHS). Funds designated for the FPC are also part of the DSHS budget, but the autonomy of the FPC decision making process is clear, given the mix of elected and appointed officials to the FPC (5 and 5). More importantly, the 1994 legislation created Community Public Health and Safety Networks (community networks), which are defined as "regional public agencies", or branches of state government. However, these networks do **not** have state staff, do not officially "report" to the executive branch (because of the relationship to the FPC) and their membership are legislated as "volunteers". The makeup of the boards is governed by a unique set of definitions for special interest; members are either "fiduciary" or "non-fiduciary". These terms have come to clarify the difference between citizens and those with a beneficial interest in the activities of government. The board is intentionally balanced, requiring a dominant citizen membership. Even then, the citizens (non-fiduciary) are appointed by interest groups (county, city, school board government, chambers of commerce) and one high school student. The fiduciary members are **representing** specific interests: city and county government, social services, state children's service worker, tribal government, courts, employment services, parks and recreation, health, education, and a nonsecular organization. This unique blend of citizen and special interest are to **represent** the broader community, and a prescriptive process is outlined, which requires public input. Relations with local government, while contained in the method used to select representatives, is less clear when it comes to operations. The purpose of the community networks, as outlined in legislation, is to construct a long-term comprehensive plan using a "public health methodology". This plan encompasses three areas of feedback to the state: funding of prevention activities; administrative changes required to enhance local flexibility; and, policy changes needed by the legislature. The relationship with the local government is not prescribed. The emerging pattern is for local government to work closely with networks to achieve their own goals for planning, but this is far from consistent, and ranges from successful and supportive to negative and refusing to participate.	The legislation establishes networks to engage in a planning process toward the development of outcome-based strategies and improved coordination of service. The long-term goals include reducing the rates of "problem behaviors" identified in the legislation: child abuse and neglect, teen pregnancy, youth violence, substance abuse, suicide, domestic violence, and school dropout. Strategies include the funding of primary prevention activities and changes in policy to improve coordination and collaboration. "Decategorization" of program funds is also available to networks as a strategy, though it requires legislative action. Technical assistance is provided to assist community networks in the implementation of this strategy. The FPC attempts to balance the imposition of standards with the allowance for creative local flexibility in decision making. The process prescribed by the legislation is supported by a Geographic Information System (GIS), a powerful tool for the dissemination of state collected archival data to networks at whatever geographic level is requested. The legislation calls for a five percent set aside as a performance reward to networks showing "exceptional reductions" in the rates (outcomes) targeted by the legislature and selected by the networks.

WASHINGTON (CONT'D)

Coordinating Local Decision Making	Responsibilities of Local Coordinating Bodies
The networks are unique governance structures. Significant controversy surrounded their formation and some local government (county, city, and school boards) voiced strong opposition to their creation. The Washington State Attorney General defines the networks as "regional public agencies". Fiscal responsibilities were to be provided by a selected "public entity", such as county or city government. Concerns about the networks included the extent of liability exposure for network fiscal agents, accountability of the networks, and the extent of the networks' authority over existing local entities often in receipt of state funds. The FPC believes that networks are significantly more accountable than many existing government functions. All decision making by the network is publicly visible, as they are subject to Washington's Open Public Meetings Act, requiring any quorum of the board to conduct meetings in public, provide advanced meeting notice, and provide records of meetings at public request. The FPC has taken a strong policy position regarding this feature of network activity, as well as the representative nature of the boards. As stated earlier, the boards have prescribed membership. Selection of board members varied dramatically from network to network; the FPC chose **not** to set standards for the selection process, but did review and approve members based on detailed criteria for both the legal requirements of members, as well as the public process used in their selection. Once network boards are established, changes in membership is subject to the same review process in place for the initial selection. The most important safeguard for assuring representative activity by the board is the public process required in planning, and the authority of the FPC to approve plans based on an analysis of the process.	The process of the FPC and networks is as follows: 1) the FPC has established a central data collection effort and provided population-based data to local networks, including training and technical assistance; 2) the FPC has prepared Planning Guidelines which prescribe the **method** for community networks to employ in determining their own goals; 3) the networks establish a community vision and determine their goals after engaging in analysis of data and a community process, which insures broad participation and input; 4) the networks map existing services and determine effective programs and barriers to effective access and/or success; 5) the plan is prepared in two parts, a short-term spending plan and a long-term (ten year) comprehensive plan; 6) the plan is broadly reviewed and returned to the FPC, which approves plans, forwards to state agencies for action, and to the legislature for policy and/or decategorization of some services; 7) the networks implement the plan at the local level with pass through funds for prevention activities and ongoing monitoring of the effect of implemented administrative and legislative proposals; 8) new funding or diverted funding from decategorization will require continuing revisions to both spending plans and the long-term plan; and, 9) the network and FPC will continue to divert funding through the networks as spending plans and long-term plans flex in response to parallel research activities.

WASHINGTON (CONT'D)

State-Local Relationships	State Assistance to Localities	Federal-State Relationships
Local coordination is a major issue in the implementation of the networks. Some local governments have complained that the existence of the networks further complicates the problems of local collaboration. While local government, particularly county government, has complained about state mandates in the past, this effort is not always seen as an opportunity to reduce the influence of state policy. Two alternatives have been proposed by local government: 1) Place county government in control of networks; and, 2) make networks **advisory** to local government. The FPC is opposed to either option, and counters the criticism by focusing on the need for local government to create the same iterative process between the networks and city, county, and school board government. At the same time, the FPC has advised networks to approach local government for local solutions. Many examples have emerged. One county passed a resolution reconstituting the network as part of local government. Several networks have local government resolution supporting their planning process. Often, local government is the designated fiscal agent.	The technical assistance aspects of this policy initiative is daunting! Training is being offered to include areas such as community process, visioning, planning, mapping of services, primary prevention (risk and protective factors), epidemiological analysis of data, ethnographical analysis of data, dispute resolution, and a myriad of other "special request" information on issues as diverse as budgeting to legal factors. The responsibility for this effort rests with the FPC staff team as coordinated with the state agencies staff, the Interagency Coordinating Committee (IACC). Some training is delivered centrally, others by locality and based on request. A technical assistance budget is available to the FPC and the Department of Health for implementation. Other activities are contributed by the participating agencies.	The Federal Family Support and Preservation Act money is designated by the legislature as part of the funds for the implementation of the act. This has provided some difficulty, because of the broad and flexible policy model provided in the act. Close working relationships are being developed with regional federal management. The state has taken the initiative to respond to federal requirements as an aggregate of the community planning efforts, and attempt to keep the federal requirements "transparent" to the community planners. The difficulty that this has presented in often a matter of language, as the different practices included in this strategy are not always familiar with terms that sometimes mean the same thing. Federal waivers may be sought depending on the results of the planning activity and proposals from community networks.

WISCONSIN

Current Governance Structure	Coordinating State Decision Making
The State Superintendent of Public Instruction is an elected official. The Secretary of Health and Social Services is a cabinet position appointed by the governor. School districts and the health and human services system have a strong history of local autonomy. The state human service system is strongly county driven. Geographic boundaries are not consistent among school districts, counties, and public health regions. A significant portion of the state is rural, yet there is a high concentration of population in major urban centers . The private sector and citizens participate in governence through task forces, advisory committees, and other legislative and political processes.	Wisconsin does not have a single group that is responsible for promoting the well being of children and families. In 1993 the Legislature created a Task Force on Improving Services to Children and Families. This task force included representatives from the Department of Public Instruction and Health and Social Services and members of private and public human service organizations and schools. The task force was charged with 1) describing barriers to collaboration between schools and social service agencies, and 2) providing an analysis of state law revisions and federal waivers or law revisions needed to enhance collaboration. There is also a Department of Public Instruction (DPI) and Department of Health and Social Services (DHSS) management group that meets every two months to share information and identify areas for coordination. The DPI-DHSS group is co-chaired by representatives from the superintendent's and secretary's offices and includes high level managers from education, health, human services, and juvenile justice. The state is beginning to address coordination of needs assessment efforts at the state and local levels, and developing joint training and technical assistance. This management group will also address the recommendations of the Task Force on Improving Services to Children and Families. As part of the federal Family Preservation and Support (FP/FS) initiative, Wisconsin has a fifty member consulting committee with multi-disciplinary representation. This consulting committee oversees state planning for FP/FS and includes key decision-makers from several state agencies, county and tribal agencies, members of the legislature, and members of advocacy organizations representing consumers. The consulting committee is coordinated by the State Department of Health and Social Services. The Department of Health and Social Services-Division of Health uses a variety of advisory groups and public-private consortia to solicit input and recommendations for program development (e.g., MCH, Public Health, Medicaid, primary care). These groups usually include representatives from other state programs, community agencies, underserved populations, consumers, and legislators. The DPI has a variety of advisory committees and task forces that advise the State Superintendent on educational issues. These groups have diverse membership, i.e., parents, legislators, local and state officials, private and public representatives.

WISCONSIN (CONT'D)

Responsibilities of State-level Coordinating Bodies	State-Local Relationships
Wisconsin has not developed cross-cutting strategies for improving results for children and families. Individual agencies have initiatives typically around a categorical topic. There is frequent interagency coordination on initiatives. The Department of Public Instruction (DPI) and Department of Health and Social Services (DHSS) management group will address the recommendations of the previously mentioned Task Force on Improving Services to Children and Families. Recommendations were provided in the following areas: Enhanced information sharing. Enhanced state and local collaboration. Coordination of planning activities. Optimal use of funding flexibility. Increased focus on prevention and early intervention. Improved state leadership and policy guidance. Increased focus on outcomes. The primary responsibility of the consulting committee is to create Wisconsin's vision for Family Preservation and Support. This means promoting inter-agency collaboration, encouraging the establishment of local decision-making entities, sharing community level "success stories" and recommending policy and practice revisions. This committee, through its lead agency, the Department of Health and Social Services, developed *Local Planning Guidelines for Family Preservation and Support Services* to help communities ensure that planning is comprehensive, family-focused and outcome-based. These guidelines address data collection, community needs assessments (as well as strengths assessments) and encouraged a review of the existing county decision-making structure regarding services for families. The Department of Health and Social Services-Division of Health (DOH) is supporting local health departments to conduct community health assessment and planning efforts in every county, and encouraging broad community involvement. The DOH is providing training, technical assistance and data packages to facilitate local efforts. This public health effort is being coordinated with related community assessment efforts by hospitals. A recent public health statutes revision institutionalizes these ongoing needs assessment and planning efforts at the state and local levels. There has been some coordination of training and technical assistance for the public health and Family Preservation and Support community assessments efforts. The DPI has the constitutional responsibility to supervise public instruction and ensure that schools are as uniform as practical throughout the state. This is done through professional development, program management, consultation services, monitoring, and data and policy analysis.	The *Local Planning Guidelines*, referred to above, purposely does not list mandates, but rather encourages local flexibility, innovation and risk-taking by counties and tribes as they assess their communities' capacity to preserve and support families. (The state does require that the county and tribal human/social services departments be the fiscal agents for Family Preservation and Support (FP/FS) funds. Counties and tribes can select a lead agency or agencies for all other planning and implementation purposes.) These guidelines do encourage that a cross-section of the community be involved in the planning process. In the area of health, communities determine local decision-making structures. There are increasing state expectations for community coordination and collaboration, and flexibility to allow new local decision-making entities. There is much network development among health system providers, including managed care networks. Relative to education, there is a vast array of local decision making entities. Some are formalized by statute or regulation, e.g., school boards, human growth and development advisory committees, Goals 2000 panels. Others are formed by local initiative. Some are accountable to state or federal requirements, others are not. Composition varies as does method of selection.

WISCONSIN (CONT'D)

Responsibilities of Local Coordinating Bodies	State-Local Relationships
The decision-making structures of the Family Preservation and Support (FP/FS) projects are still evolving. There are, however, a few communities that are developing models that may become models for others. For example, one county is further decentralizing its FP/FS planning efforts through the use of over 20 other private and public organizations - neighborhood associations and other grass-roots groups, social service agencies, and student organizations. These groups will collect data and assess strengths and needs within their target group. Another county is conducting its planning through a joint public health/local school district coordinated effort. Finally, a large, mostly urban county is working to find a way to promote collaboration among several already ongoing and very complex collaborative activities. Broad-based community groups are being formed to complete community health needs assessments and planning. Roles, responsibilities, and authority are locally determined. Relative to education, decision-making entities vary in roles and responsibilities with some being determined locally, others by state or federal legislation.	Wisconsin has a long tradition of local decision-making in education, health and human services. Wisconsin is a county social service administered system and county boards have responsibility for service delivery. Through the report of the task force and efforts relating to Family Preservation and Support (FP/PS), Wisconsin is working to develop a common definition of collaboration, promote the importance of collaboration by modeling it at the state level, and share and plan data collection efforts at the state tier in order to avoid needless duplication at the county or school level. The Department of Health and Social Services-Division of Health (DOH) is increasing its requirements that state and federal funds be directly linked with community health assessment and planning, with local health departments having statutory responsibility for assuring such assessment and planning. The DOH has similar statutory requirements for state health assessment and planning, and this is increasingly linked with state and federal funding. The Department of Public Instruction is continually looking at options for waivers of state requirements on local school districts. The concepts of school choice and charter schools are currently receiving much attention in Wisconsin.

WISCONSIN (CONT'D)

State Assistance to Localities	Federal-State Relationships
Through a state resource team and specific contractual agreements, Wisconsin is providing coordinated technical assistance to counties and tribes regarding their Family Preservation and Support (FP/FS) planning efforts. Members of this resource team include key staff from the Departments of Public Instruction (DPI) and Health and Social Services (DHSS), University of Wisconsin Departments of Extension and Social Work and the state's Children Trust Fund. A state-funded project to assess the needs of county/tribal child welfare agencies is also connected to these technical support efforts. A long-term plan for trainings, regional speakers and possible staff cross-trainings is being developed. The DHSS-Division of Health (DOH) is providing training, technical assistance and data packages to help local health departments with community assessment and planning. The DOH is developing training capacity for public health leadership development. The DOH is working with public-private consortium of state primary care interests to improve assessment of need, to strengthen community development, to strengthen training and distribution of providers, to reduce barriers to care, and to strengthen delivery of services. A variety of consortium member organizations provide technical assistance and support to communities. The DPI does considerable training of trainers activities to promote local capacity building in education agencies and organizations. There has also been increased emphasis in coordinating categorical funds, within education and other organizations, to result in more coordinated, comprehensive programming. Considerable technical assistance is being provided as local school districts develop their school improvement plans under Goals 2000.	The Task Force on Improving Services to Children and Families provided recommendations regarding the use of federal resources: These include: • Request revisions to, or waivers of, AODA treatment confidentiality provisions to allow for disclosure of certain client information to other agencies serving the same client for the purposes of coordinating treatment of services. • Review restrictions, including new federal guidelines, and potential applications of WIC information for the coordination of services. • Encourage the federal Department of Education as it develops regulations interpreting new provisions of the Family Educational Rights and Privacy Act (passed as part of the Improving America's Schools Act of 1994), to maintain maximum flexibility to allow states the ability to share information in a way that enhances collaboration. One of these provisions permits states to enact laws that allow for disclosure of pupil information when the disclosure "concerns the juvenile justice system and such system's ability to effectively serve, prior to adjudication, the student whose records are released..." • Request federal waivers to allow increased use of Medicaid funding for additional wrap-around type services for families and children (like Children Come First model). • Encourage federal law changes or policy changes to evaluate expenditures of federal funds based on outcomes rather than based on counting units of service, etc. • Encourage federal lawmakers to continue or expand programs like Title IV-B, Part 2 (Family Preservation and Support Services) that require states and localities to spend at least a portion of funds on prevention and early intervention services. The governor's budget has an initiative which would permit school districts to receive federal medical assistance funds for certain health care services provided in schools to children who are eligible for medical assistance. A category of school medical services would be created and school appropriate billing and certification requirements would be developed addressing some of the barriers which currently exist.

Notes to Chapter 5: Re-forming Communities to Serve Families of Young Children

[1] This list of principles is from *Guidelines for Family Support Practice.* (1996). Family Resource Coalition: Chicago, IL.

[2] "Diversity: The Essential Link in Collaborative Services" an essay by Hedy Nai-Lin Chang that appears in *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services,* Melaville, Black and Asayesh, U.S. Department of Education and U.S. Department of Health and Human Services, Washington, DC, 1993.

Chapter 6

Improving the Quality of Early Care and Education

The first goal of the National Education Goals states: "By the year 2000 all children in America will start school ready to learn." Yet, there is a tremendous amount of work to be done in the areas of health, family support and early care and education if we are going to come close to meeting this goal. In this chapter, we discuss efforts to improve quality in one domain: early care and education.

A series of community-based studies conducted over the past five years—*The National Child Care Staffing Study* [1]; *The Study of Children in Family Child Care and Relative Care* [2]; and *Cost, Quality, and Child Outcomes in Child Care Centers* [3]—reveal that only 12 to 14 percent of young children are likely to be in child care settings that are preparing them to enter school ready to succeed. The figures are far worse when one considers infants and toddlers. Between 35 and 40 percent of our youngest children are in settings that are potentially harmful to their growth.

The good news is, however, that these recent studies have uncovered characteristics associated with higher-quality in both center-based and family child care settings.

Children in center-based arrangements have been found to fare better emotionally, socially, and cognitively when they are in settings that have:

- a sufficient number of adults for each child—that is, high staff-to-child ratios;
- smaller group sizes;
- higher levels of staff education and specialized training;
- low staff turnover and administrative stability; and
- higher levels of staff compensation.

In family child care settings, children are more likely to receive higher quality early care and education when their providers:

- are committed to taking care of children and do so from a sense that this work is important and what they want to be doing;
- seek out opportunities to learn about children's development and child care, have higher levels of education, and participate in family child care training;
- think ahead about what children are going to do, and plan experiences for them;
- are involved with other providers;
- are regulated;
- have slightly larger groups (three to six children) and slightly higher numbers of adults per child; and

- charge higher rates, and follow standard business and safety practices.

These studies show that the quality of children's early care and education is linked to their development and well-being. For example: as quality increases, children's intellectual development improves. Children are more likely to be engaged in activities as opposed to wandering aimlessly, and their play is more complex. Children have been observed to be more securely attached to their teachers, which is an indication of more sound emotional development.

Across the country, communities and states are launching initiatives to improve the quality of services for young children. These initiatives are using a variety of strategies that we will discuss in this chapter including:

❶ promoting the professional development of early education and care practitioners;

❷ involving parents through consumer education efforts;

❸ improving state regulations;

❹ promoting accreditation of practitioners in family child care and center-based settings; and

❺ improving the compensation of the child care workforce.

STRATEGY 1

Promoting The Professional Development Of The Early Education And Care Practitioner

Studies have shown that it is the practitioner—not the setting or auspices of the program—that largely determines the quality of early care and education children receive. It is the practitioner's level of education, specialized training, skills in gearing activities to how children learn best, and ability to create warm and responsive relationships that have been shown to affect children's intellectual, social, and emotional development. Also, the practitioner must be there to offer ongoing, stable care, so that children will not experience a high degree of turnover.[4]

Yet the primary finding in *Making a Career of It,* the first national study of career development in early care and education, was that: "There is no coordinated system to develop well-trained practitioners to work with young children in homes, centers, Head Start programs, or schools."[5] Additionally, this study found that there are no incentives, such as increased wages, to encourage career progression in this field. It follows that practitioners are too often not adequately prepared to work with young children.

In other words, there is a tremendous amount of work to be done in this area. And it has already begun. Across the country, people are addressing the challenges of creating a coordinated, professional development system that is accessible, affordable, and linked to increased compensation. In this chapter, we share with you descriptions of some of these initiatives. The people involved in this process are discovering—and sometimes inventing—strategies they have shared in the hopes that others can benefit from their experiences.

We have organized the initiatives discussed on the following pages into sections highlighting some major achievements in the following areas:

Providing Information

- Early Childhood Training Center: Omaha, Nebraska
- Child Care Careers Institute: Boston, Massachusetts

Developing a Career Ladder

- Delaware First ... Again: Wilmington, Delaware
- Minnesota Institute for Early Childhood Professional Development: St. Paul, Minnesota

Creating Scholarship Funds

- The Early Childhood Professional Development Fund: Kansas City, Missouri
- Connecticut Child Care Training Support Fund: Norwalk, Connecticut

Developing an Articulated System

- Advancing Careers in Child Development: California's Plan: Pasadena, California

Linking Professional Development to Financial Compensation

- The Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Project: Chapel Hill, North Carolina
- The California Early Childhood Mentor Teacher Program (CECMTP): Hayward, California

1. *Providing Information*

Early Childhood Training Center

Omaha, Nebraska

Nebraska's Early Childhood Training Center is a statewide project designed to support the professional development of staff who work in part- or full-day early childhood and family support/education programs in centers, schools, and home-based settings. The Center promotes an interdisciplinary model of training that encourages practitioners to design and provide services which:

- create partnerships with families;
- offer the highest-quality care and education possible; and
- promote the optimum development of all children within the state.

The initiative offers a variety of services, which include:

- brokering and providing customized on-site training and consultation by trainers who are current practitioners with demonstrated expertise;
- developing and supporting specialized training and pools of training specialists;
- helping to coordinate training resources by working cooperatively with a number of other groups that share the mission of enhancing early care and education training;

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- cooperating with related training initiatives via direct participation and media services;

- providing multimedia services;

- staffing Child Line, a phone line staffed by experienced people who know how to both listen and to provide appropriate resource materials to practitioners in licensed programs;

- developing and disseminating training and informative materials to programs and practitioners;

- organizing conferences in collaboration with other organizations; and

- operating the Early Childhood Training Registry to help staff in early care and education programs to access information about available training. Ultimately, the Internet will transmit information to a broad audience across the state.

Mission

The Center's mission is to provide, enhance, and coordinate a variety of pre-service and in-service professional development opportunities for practitioners across the state, including independent study, workshops and regional training, study teams, consultation, mentoring, and classes for credit.

A key part of the Center's work is to help practitioners from a wide variety of settings come together to network around issues they all have in common.

History

In 1974, Linda Esterling was hired by the state of Nebraska to develop training for people working with infants and toddlers with special needs. While developing the first training modules, she realized that "people didn't know much about typical development and working with families." She said that there was a great need to "open this training up and invite everyone to come and learn . . . and, more importantly, to meet each other and begin networking."

Esterling began contracting with people to do specific training, and the Early Childhood Training Center was conceived. The Media Center began when she started buying resource materials for trainers. It is now computerized, and over 800 items a month are borrowed. In 1988 the Center was mandated by the state legislature and became the official early childhood state training center.

Funding

The Early Childhood Training Center is a service of Nebraska's Department of Education, Office of Child Development and Special Education, and is administered by Educational Service Unit #3. Some projects and services are offered through the support of other state agencies, federal grants, and public-private partnerships. Other projects and services are supported through fees for service.

Points of Accomplishment

- Reaching practitioners from an ever-widening group of settings. This is vividly demonstrated by a call to the Center which came in from a police officer. Frustrated by having to interview young children under stressful conditions, the officer asked for informational materials on how three- and four-year-olds think. Staff are proud of the fact that he knew to call the Center.

- Helping people build links. Though "building linkages is now the 'in' thing to do," the Center has been promoting these kinds of collaborations for years. It is Esterling's experience that "things go further and last longer" when people connect and become their own best resources.

- Helping practitioners relate what they are learning to their personal lives. For example, during training, practioners share their experiences and feelings about moving to a new home before they talk about how they can support children during a transition they may be going through. This approach of encouraging practitioners to reflect on the ways in which their experiences can inform their interactions with children and families helps them stay excited about, and be creative in, their work.

Challenges

- Funding. Threats to federal funding sources, including the quality set-aside contained in the Child Care and Development Block Grant (CCDBG), are major concerns.

- Reaching educators across such a large state. Although technology is helping bridge the wide geographic distances between communities throughout the state of Nebraska, the state's size is still a significant challenge.

- Maintaining the integrity of training in a climate where specialized education funded by small grants is the norm. To get ongoing support, Esterling spends a great deal of time educating people about the Center's overall vision of quality training for early childhood practitioners.

- Dealing with the reality that training won't fix everything. The whole system needs vast improvement, according to Esterling. Trainers often find practitioners saying, "My supervisor won't let me . . ." As a result, helping practitioners articulate why they do what they do and to advocate for quality practice is becoming an increasingly important aspect of training.

Next Steps

- Develop a mentor program in which experienced practitioners partner with people new to the field by offering support and information.

- Develop a coaching program designed to serve experienced practitioners. The first step will be to identify coaches with expertise in specific areas (e.g., helping children cope with violence). Coaches will then consult on a short-term with practitioners on specific issues, as needed.

Advice

- Develop a vision. Be clear about your mission and your beliefs. These basic underpinnings should "enter into everything you do." Without them, you'll find yourself going in many different directions and getting nowhere.

- Maintain neutrality so that you can effectively bring people together. Do not let yourself become identified with any one group. Avoid getting involved in "turf" issues.

- Document your accomplishments. Keep track of how many people you train and the disciplines in which they are trained. This information will help make the case for the effectiveness of your initiative when you pursue funding.

- Be family-friendly within your own organization. Practice what you teach about the importance of families and quality relationships.

Resources Available

- Information packet on the Early Childhood Training Center

- Samples of training agendas

- Description of the selection process for trainers

- A variety of forms that can be modified, including the Center's Training Registry form and the intake form for training requests

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Child Care Careers Institute

Boston, Massachusetts

The Child Care Careers Institute is a community-based collaborative with a twofold purpose: (1) to promote the professional development and career advancement of the child care workforce and (2) to influence the institutions and policies essential to that development. The 55 Institute members include child care providers; representatives from colleges and resource and referral agencies; and community education and advocacy groups dedicated to improving the lives of children and those who care for and teach them. Those served by the Child Care Careers Institute include family child care providers and child care center staff within the Greater Boston area who serve low-income children—especially those practitioners who work with diverse cultural, ethnic, and linguistic groups.

Recognizing the vital connection between staff training and quality child care, the Institute addresses the lack of:

- clearly defined career development paths for child care staff;
- training programs that respond to diverse cultural and linguistic groups;
- a systemic approach within colleges and communities to overcome major barriers to the effective staffing of child care programs; and
- coordinated and organized information about available training resources in the child care community.

The Institute has four major program components:

1. community-based training projects. The Institute develops, pilots, and evaluates model training programs for child care providers. When developing a training program, members identify a need based on their knowledge of the community. Small groups of two to seven members then apply to the Institute to develop and implement the necessary training. The key to the Institute's vision is that training be community-based and reflective of the environment—not just payment of lip service to diversity. To this end, much of the training is targeted to linguistic minorities, and the Institute is committed to being responsive to the changing demographics of the community;
2. an information clearinghouse. The Institute develops, produces, and distributes training materials to child care providers. In addition, the Institute has worked successfully with existing agencies to reduce duplication and to combine resources so that training information is better coordinated and shared more widely;
3. a higher education consortium. A pioneering effort, the consortium has members representing both two- and four-year public and private colleges. The consortium meets monthly to identify, analyze, and resolve inconsistencies among institutions of higher learning that impede career development for child care staff. These include varying academic plans, confusing course equivalencies, complicated credit transfers, and unclear information about competency demonstration; and

4. critical issues task forces. Community-based and led by Institute members, these groups grapple with and promote solutions to issues facing the child care workforce such as the professional development of school-age child care providers.

Mission

The Institute's mission is not only to develop effective training models that respond to diverse cultural and linguistic groups, but also to identify clear career paths, to facilitate the adoption of these career paths by major educational institutions, and to ensure that essential career development information is widely available for those entering or working in early care and education.

History

According to Christine Callahan, Director of the Institute, hard work and good timing led to "all the stars being lined up" in just the right way to make the Institute happen. Faced with an unparalleled demand for child care by parents and employers, an unacceptably high turnover rate of child care staff, and the detrimental effect of staff turnover on quality, the Institute was created to implement systemic changes that would shape the careers and career paths of child care practitioners.

Funding

In 1991, United Way of Massachusetts Bay organized a funding collaborative to address the issue of child care quality and to "model what programs would eventually be asked to do—work together." Two related programs were funded for a three-year period with the $5 million raised: (1) the Career Development Institute, to address professional development needs of the workforce and (2) the Child Care Capital Investment Fund, a "day care bank" to address the need for facilities. At that time, the funders indicated that they would be interested in supporting those initiatives for an additional two years.

The Institute is now "in the nascent stages of having to raise its own funds independently." A $45,000 grant from the original funders to support resource development has been used to hire a development consultant to assist in drawing up a plan and strategy. A committee is being created to focus on fundraising, and the Career Development Institute and the Capital Investment Fund are considering collaborating to raise future resources.

Points of Accomplishment

- Developed 13 unique, nationally recognized training models. This includes a center-based mentor-teacher training program and training that led to the first licensed Chinese family child care providers in Boston. Most of the Institute's models are targeted to linguistic minorities. Practitioners enrolled in these programs earn college or continuing education credits.

- Helped a number of two- and four-year colleges recognize and dismantle barriers to offering community-based training. Some of these schools accredit courses that are designed and taught by Institute members. To help assure that a course will pass academic "muster" by meeting college-level standards, the college works with the Institute in designing the training. Institute instructors without the required academic credentials are partnered with "instructors of record."

- Working toward another systemic change. The Institute—along with other organizations—is now advising the state Office for Children (OFC) in the development of an on-line clearinghouse of training opportunities. Based on the Institute's information clearinghouse, this system is currently published in a three-ring binder format. In collaborating with the OFC, the Institute is building a bridge with the regulatory system, which it has wanted to do since its inception.

- Reorganizing the Institute's "bottom-up" structure (wherein each member organization votes on all matters) into one that is more traditional for a non-profit organization with the help of a consultant. In the new structure, decision making will be turned over to the director and a board of directors. The Institute believes that this new structure will be helpful in tackling fundraising.

Challenges

- Competing interests and priorities. Institute staff and members have learned that a coherent strategic plan helps with setting priorities and agreeing on the allocation of resources.

- Addressing historical sensitivity to bias and discrimination. For example, there were two groups that competed on the bid to form the Institute: one group was funded, the other was not. According to Institute board members—some of whom were in the group that was not funded—some people continue to "chew the bone" over competition for funds. Those people's feelings needed to be addressed openly during the group-building process.

- Expecting too much of volunteers. With only three staff members, the Institute has relied heavily—perhaps too heavily, according to some—on volunteers, all of whom also have jobs. To rectify this, the Institute is looking to increase its staff and will compensate volunteers for some of their services.

Next Steps

Complete the reorganization of the Child Care Careers Institute. The Institute's goals are to identify new lines of authority and decision making, to pass new by-laws, and to secure funding for the next several years.

Advice

- Reflect commitment to diversity in your everyday practice. The Institute, for example, does this in its training, in the hiring of a diverse team of organizational consultants, and by taking time to reflect on the meaning of diversity. At a retreat, Institute staff and members discussed the fact that diversity is more than simply differences in race, culture, and ethnic backgrounds. In addition, people see the world through different lenses. Therefore, they concluded that collaboration involves looking at the world through other people's lenses and being open to their views and perceptions.

- Build in funding to hire outside consultants. It is sometimes helpful to get the perspective of someone outside your organization.

- Build in an evaluation component from the beginning. This will help in measuring your progress and securing funding.

- Change the focus on what quality is and how it is impacted by professional development from within your organization to the outside world. Do this by educating parents, practitioners, policymakers, and foundations on the importance of quality training and professional development. Challenge the commonly accepted option of choosing between subsidies and training money. Educate people about the importance of both.

- Invite people from other sectors in the community to be your partners and advocates. According to Christine Callahan, "Outsiders (people from other fields than early childhood education) add leavening." When is the right time to do this? It may be as you start up your initiative or after the initiative has developed a sense of self and its mission.

- Consider the requirements of your leader. For example, Christine Callahan was hired to direct the

Institute, in part, because she was not from the early childhood world. The hiring committee believed that collaboration required the leadership of someone who was "neutral," yet had experience with policy and training systems.

- Keep in mind that each thing you do is "experimental." Be flexible. Try to avoid making a certain new approach "the one and only way." Rather, make it "the way you are going to do it now."

- Remember that your project is a growing entity that is going through a series of developmental stages. Respect that some things can only happen when the timing is right.

- Provide opportunities for people to have fun—to celebrate—and to acknowledge themselves and their contributions. Set up a Hospitality Fund. Assign someone to be "Vice President of Fun." Small touches can make a big difference. For example, the Institute is offering a reward (a gift certificate at Tower Records) to the first person to turn in a fundraising survey. When people are relaxed and happy, they are much more available.

Resources Available

- A series of publications, including a brochure describing the Child Care Careers Institute and an annotated bibliography of training resources.

- A series of 17 publications will soon be available for sale. These publications include tool kits that address a variety of issues including collaborating, dealing with diversity and setting priorities.

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2. *Developing a Career Ladder*

Delaware First ... Again

Wilmington, Delaware

Delaware First ... Again is the first comprehensive statewide career development system in early care and education in the nation. It serves practitioners working in every aspect of the field of early care and education.

The Career Development System is situated within the Office of Child Care Licensing of the Division of Child and Family Services of the State of Delaware. It is directed by a full-time Career Development System Manager who consults with an advisory board consisting of 21 members. Board members are drawn from all segments of the child care community, public and private schools, higher education, professional organizations, and leaders in the business community.

The initiative is in the seventh year of a ten-year plan. The first five years were used to design the sys-

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tem. It is now being implemented in the second five years.

There are three major components of the Career Development System. The first two components are in operation: the Personnel Registry and the Early Childhood Resource Centers. The third, the Training Approval System, is in the process of being implemented.

- The Personnel Registry. This is a computerized information system that lists all of the training of practitioners who wish to be included in it. In addition to a transcript organized by core competencies, each practitioner listed in the registry receives a laminated ID card and certificate showing his/her progress on the career ladder. The Registry enables state licensers to easily review and monitor compliance with requirements of licensed facilities and providers. The registry also provides the Career Development System Manager and advisory board with an ongoing source of data to identify training needs.

- The Early Childhood Resource Centers. These are the "hands-on" components. Run under the auspices of Child Care Connection (Delaware's resource and referral agency) the resource centers make materials available. They also provide places where practitioners can come together and receive training.

- The Training Approval System. Once in operation, this system will approve and identify authorized trainers and approve training. It will help practitioners find training that matches their levels of skill and experience. Practitioners also will see how a new training experience fits with previous training and how a training experience will help meet the requirements for licensing and other career goals.

Training and trainers approved by the Training Approval Board will be organized around a core curriculum of seven topic areas: (1) child development; (2) understanding children's behavior; (3) developmental curriculum building; (4) health, safety, and nutrition; (5) working with parents and family issues; (6) concepts of professionalism; and (7) business management and administration in early childhood programs at three levels: Introductory, Expanded and Advanced.

Mission

The goals of the Delaware First ... Again Career Development System are to:

- create a "career ladder" for practitioners, which matches levels of training and experience with practitioners' levels of recognition and reward;

- ensure that early childhood training in the state of Delaware is of the highest quality and meets the needs of practitioners;

- create a continuum of training opportunities—from workshops to college degrees—that recognizes every level of training;

- enable practitioners to formally document their professional development; and

- develop an information system that uses training resources effectively.

History

In the late 1980s the Office of Child Care Licensing received a small amount of money from the state for training. Pauline Koch, the Administrator of Licensing, realized that her office could either offer another course on the endless "merry-go-round of training programs" or use the money differently. The Licensing Office gathered together small groups of practitioners and asked them for their views on past training programs. They confirmed that "training is chaotic" and that they were tired of going around in circles. They wanted a continuum of training and to receive credits that would add up to something. They also wanted a system to help them keep track of their training experiences.

A request for proposals (RFP) to design a coordinated training system was issued. The project was awarded to Gwen Morgan and Joan Costley of Wheelock College's Center for Career Development in Early Care and Education in collaboration with Nancy Brown from North Carolina. These consultants have since completed a five-year planning process.

In 1993, a Career Development System Manager was hired to oversee implementation of the system.

Funding

Delaware First ... Again is funded by the state (approximately $30,000 per year) and through the Child Care and Development Block Grant (CCDBG) quality set-aside monies (approximately $150,000 per year). These funds are used to pay the coordinator's salary, to contract with Child Care Connection, for operating The Early Childhood Resource Centers and coordinating the delivery of training and publishing of ongoing newsletters with training calendars.

Points of Accomplishment

- Implementation of the Personnel Registry and Early Childhood Resource Centers.

- Improved communication and established a sense of cohesiveness among the players across the state who took part in the planning process. This has the potential for long-term benefit to the early childhood field.

- Involving higher education in the Career Development System. Before beginning the planning process, no one had ever thought to include experts in the field of higher education, according to Kathy Wilson, Career Development System Manager. Yet their participation is critical if the system is to be articulated.

- Publishing an ongoing newsletter with training calendars.

- Developed a core curriculum. This 60-hour course has been turned into a video course that is being offered at higher education institutions. It is now being considered as an intermediate level course. Introductory and advanced level courses are also being developed.

- Piloting of a two-credit course entitled "Moving Forward in Competency Demonstration." This course is designed to give practitioners information about and support in creating a portfolio to turn their community-based training experiences into college credit.

Challenges

- Obtaining funding. In response to a threat to funding, people who have worked together in planning and implementing Delaware First ... Again have created the Early Care and Education Consortium and hired a consultant to conduct a needs assessment and feasibility study to explore other avenues of foundation and corporate funding.

Next Steps

- Make the Training Approval System operational.

- Implement competency demonstration on a more wide-scale basis throughout the system.

Advice

- Work with outside consultants to help you get started. Someone from the outside can help eliminate turf battles and build a sense of ownership.

- Maintain a balance between depending on outside consultants and being independent. In Delaware, the consultants led the five-year planning process and then stepped back when the Career Development System Manager was hired to lead the implementation stage.

- Involve higher education in any initiative that involves career development. Bring together people who can speak for their institutions and who are deeply committed to this cause.

- Understand from the beginning that planning and implementing systemic change will take time. Make this known so that people don't become disillusioned when something does not happen overnight. Communicate regularly with everyone involved. Maintain their interest and commitment by keeping them informed of both glitches and the progress being made.

- Look for "no-strings-attached" funding. State and Federal monies have rigid time frames and requirements as to how they are used. For example, the initiative could not buy food with state funding. A grant from Wheelock College, however, allowed for the purchasing of refreshments to be served at public relations events. As a result, these events were more fun and successful than they would have been otherwise.

- Hire the person responsible for implementation, sooner rather than later. She/He will then be on the scene to help bridge the gap between dreams of what might be and constraints involved in turning those dreams into reality. For example, on a very practical level, the cost of envelopes, stamps, and personnel to stuff envelopes may require cutting back on the number of mailings. It is easier to go with what is realistic from the beginning than have to sacrifice later because the money ran out.

- Market your initiative. Create an identity. For example, with Wheelock College's help, Delaware First ....Again has created a unique image. Every piece of literature about the initiative uses the same logo, type font, and color (PMS Teal #329). The inititiative has its own notepaper, mugs and pencils. Details like this are proving to be very effective in getting the word out to practitioners and others who will ultimately make the initiative work and keep it going.

- Think creatively about how to bridge the gap between child care and early education. Too often, people think that child care "takes care of the little kids while early education does the real teaching." Help build a common understanding between these two groups.

Resources Available

An overall description of this initiative, *The Personnel Registry Handbook*, and forms.

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Minnesota Institute for Early Childhood Professional Development

St. Paul, Minnesota

Like most states, Minnesota has a "jumble" of training. Modeled after the Professional Development

Institute of the National Association for the Education of Young Children (NAEYC), the vision of the Minnesota Institute for Early Childhood Professional Development is to create a comprehensive, accessible, and inclusive early childhood professional development system for practitioners serving children from birth through age eight and their families, and thus improve the quality of programs for young children.

Launched in January 1995, the Institute has an advisory board of 15 members, representing various constituencies in the early care and education field, who are personally and professionally committed to improving early care and education throughout the state. Two task forces have been created:

- The Registry Task Force is planning a computerized registry of training. Three resource and referral agencies—one urban, one suburban, and one rural—are conducting two-year pilot studies funded by Minnesota's Department of Human Services (DHS). In one study, a method is being devised to record training. In the second, a handbook of training offered in the region is being developed. The third study is looking at how to evaluate and improve training and trainers.

- The Articulation Task Force is working to ensure that early childhood courses are considered from the beginning under a new law merging technical community colleges with the state university system that mandates articulation. Articulation is no easy matter, according to Anita Beaton, Executive Director of the Institute: "People don't understand why two credits at a technical college don't equal two upper division credits at a university. The differences between course work that is applied and theoretical are subtle and hard to explain." To this end, the task force began in an "educational mode" so that family child care providers and university department heads could begin getting to know one another and begin communicating in a common language.

Mission

The mission of the Institute is to develop a coordinated professional development system for early childhood practitioners throughout the state.

History

The Institute is Minnesota's third attempt at creating a coordinated professional development system. The first attempt in the early 1980s had no lasting impact. The second attempt, in 1989-1990, which was perceived as a child care initiative, was also unsuccessful.

Building on lessons learned from the past, Anita Beaton, Director, is positioning the Institute to address the entire early education field. "This isn't a matter of not respecting child care," she says. "It is an intentional strategy that is being positively responded to by leaders in early education and child care."

Anita Beaton is optimistic that the third try will be a success because of good timing. She believes that, across the country, more people are not only accepting the fact that young children spend time outside of their homes but also understand that this is an important time in children's lives. "When you have a meeting and invite legislators—and they come—you know something is moving in the land." She feels that Minnesota is in a time of transition, reflecting a climate of positive change in early care and education. Along with the recent merger in higher education, the state's Department of Education is rewriting licensing to be competency-based, and has just created a license for practitioners working with children from birth through age eight.

Funding

Funding for the Institute comes from a grant from the DHS, using Child Care Development Block Grant (CCDBG) funds. Faced with CCDBG's uncertain future, though, the Institute has hired a fundraising consultant and will pursue funding from foundations and corporations.

Points of Accomplishment

- Bringing together leaders from all areas of the field to get to know one another and begin working together.

- Creating the task forces.

Challenges

- Creating change in light of "Minnesota's pride about being better." Anita Beaton says that it is necessary to look at how quality in Minnesota stacks up against quality in other states to help convince legislators of the need for entry level training. Currently, anyone can walk in off the street and work in child care. There are no entry-level training requirements and there is a lag in health and criminal checks.

- Providing training across the state's large rural areas. There is currently very little training for family child care providers serving many children in rural areas.

- The lack of articulation. Private colleges and universities are not mandated to be linked together in ways that allow students interested in careers in child care a smooth transition through Minnesota's educational system.

Next Steps

- Consider the possibility of developing a third task force to work on publicizing information about the Institute to practitioners and the general public.

- Hold a professional development conference to share the work of the task forces with the greater community and to promote the development of leaders in the field.

- Involve more practitioners by expanding the task forces.

Advice

- Be inclusive. Include representatives of all the "players" in your efforts. This is critically important if you want to have the wholehearted involvement of the early care and education field.

- Be patient. Creating a coordinated system is hard, slow, tedious work. For example, the Institute estimates it will take five to six years before Minnesota's system is in place.

- Develop a core group of people. According to Anita Beaton, "You need a group of people willing to dedicate themselves to the effort and to sit through interminable meetings."

- Serve refreshments at meetings. Food helps create an environment conducive to working together.

Resources Available

No published materials yet.

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3.

Creating Scholarship Funds

The Early Childhood Professional Development Fund

Kansas City, Missouri

Administered by The Metropolitan Council on Child Care (MCCC), the Fern Webster Early Childhood Professional Development Fund (Fern Webster Fund) is an umbrella fund for a number of early childhood scholarship programs. The fund is located in metropolitan Kansas City, which includes five counties in Missouri and three in Kansas. Scholarships are available for teachers and caregivers in all child care settings. Quality enhancement grants were also available during the first three years.

Funds are awarded once a year—twice a year if sufficient funds are available. Total awards vary, depending on available funds. Typical program grants were limited to $500 for centers, $250 for individuals, and $300 for family child care homes. Individual scholarships during the first three years were typically no more than $250 for one activity or course per semester. A $1 million grant from the Ewing Marion Kauffman Foundation in 1996 enables full-tuition scholarships for up to full-time course loads, as well as a long-term commitment for completion of two- or four-year degrees in ECCE. The priority for this grant is persons serving infants and toddlers in the metropolitan region's urban core. There is currently no lifetime maximum award. Recipients are informed about the origin of the funds for their scholarships.

The application process is as follows: first, both individuals and programs submit written applications along with letters of recommendation. MCCC staff perform an initial review of applicants' data based on the priorities set by the Fern Webster Fund committee. In the past, priority for awarding funds was given to early childhood educators pursuing entry-level training and/or continuing education that would lead to a Child Development Associate (CDA) credential or a one-year certificate, and to educators pursuing course work on serving infants and toddlers or children with special needs. In addition, priority has been given to educators committed to the early childhood field, depending on how long they have been in practice. The Fern Webster Fund committee has the flexibility to change priorities in response to community needs.

After reviewing applications, MCCC staff submit their findings to the Fern Webster Fund committee, which is responsible for making final selections. Members of this committee include representatives from businesses, philanthropic organizations, educational and child care organizations, and government agencies.

Individual scholarships cover fees and tuition for training, course work, workshops, conferences, attaining a CDA, and other professional development activities. Individuals may attend programs outside the metropolitan Kansas City area, but must work in an early childhood setting or live within the region.

During the first three years, grants were also available for accreditation of schools, centers, or family child care home-based programs. Program staff must have completed an accreditation self-study at the time of application.

Mission

Part of a larger professional development initiative of the MCCC, the Fern Webster Fund was established to provide financial support to enhance early childhood professional growth and early childhood program quality in the Kansas City metropolitan area. The MCCC defines early childhood programs as those serving children from birth through age eight and school-age child care through age twelve.

History

The fund began in 1991 when the MCCC convened a group of early childhood professionals to discuss the need for a scholarship fund that would improve the quality of early care and education. The council discussed making training accessible to practitioners, and envisioned how that training might be most effectively implemented and managed.

Funding

Charter funders include the Junior League of Kansas City, Missouri; the Fern Webster Fund of the Greater Kansas City Association for the Education of Young Children; and the Ewing Marion Kauffman Foundation. In 1996, GKC-aeyc merged their Fern Webster Fund with MCCC's Early Childhood Professional Development Fund, committing annual gifts to the endowment. In addition to these, the American Business Collaboration for Quality Dependent Care (ABC) now also provides funding. Funders can contribute to an endowment fund, a designated fund that allows them to set priorities and restrictions on how funds are used, or to an undesignated account.

Points of Accomplishment

- Turned the vision of a fund into a reality. This is especially significant because there are few funds available for practitioners in the early childhood profession.

- Created an umbrella fund with the potential to administer all scholarships to practitioners in the area of early education and care. This has entailed bringing together a diverse group of funders.

Challenges

- Obtaining funding. Additional funding is needed. In 1995, $3,000 in funds was awarded, but applicants requested a total of $59,000. The $1 million designated grant in 1996 will provide hundreds of scholarships over three years. However, the endowment fund is at only 20 percent of its goal.

Next Steps

- Build the endowment and increase the funding for yearly awards after 1999. Staff members hope to build the endowment so that it will be large enough to target specific needs in the community.

Advice

- Create an endowment to ensure your future existence. In most cases, ten percent of the dollars raised for the Fern Webster Fund are contributed to the endowment.

- Set clear priorities for funding. These can be changed as necessary to meet the needs of the community.

- Give careful consideration to your needs and capacity when you are developing a marketing plan. The number and size of awards, funding priorities, and target audience all play a role.

- Give careful consideration to the design of your application. The Fern Webster Fund application form was designed to collect only the information needed to award scholarships. For example, the application form asks how long the applicant has been in the field—in order to help the fund direct money only to initiatives, or individuals, that have a demonstrated commitment to the profession.

- Use information learned through the application process to help you be in touch with the needs of early childhood professionals in your community and demonstrate those needs to potential funders.

- Be aggressive in fundraising. Don't wait for someone to give you money because it won't happen.

Resources Available

A brochure on the fund and an historical overview document.

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Connecticut Child Care Training Support Fund

Norwalk, Connecticut

Established in 1992, the Connecticut Child Care Training Support Fund was created in response to recommendations from a report by the state's Child Day Care Council. According to the report, an effective state training system in child care needed to include funding for scholarships. The Fund awards scholarships for early childhood training, including the Child Development Associate (CDA) credential and taking courses in child care at local two-year colleges. Funding also is granted for first-aid training.

Connecticut residents who work in licensed centers, Head Start, or licensed family child care homes, and who meet the income guidelines established by the U.S. Department of Labor (DOL), may apply for scholarships.

People hear about the Fund largely through the state's Department of Public Health, community technical colleges, resource and referral agencies (InfoLine), mailings, statewide newsletters, area conferences, and word of mouth. Scholarship applicants call a 1-800 number and receive an initial telephone screening and counseling about their professional development status. They then receive an application package, which they complete and return along with proof of income eligibility.

Upon approval, the Fund sends the scholarship recipient a Request for Funding Packet (RFP). The recipient also receives a voucher, which he/she must give to the training provider, who, in turn, directly bills the Fund. The Connecticut Child Care Training Support Fund used to set a maximum lifetime award. However, it now offers awardees the opportunity to apply for training on a first-come, first-served basis for two-years—depending on available monies. This change was implemented to encourage ongoing training that will, hopefully, lead to people being able to move on the career development lattice.

A high volume of requests has led the Fund to have three open application periods each year.

Fund staff are solely responsible for the review and selection process, based upon candidates' income eligibility guidelines and the priorities set forth for training by the Connecticut Department of Social Services (DSS), which funds the initiative.

The Fund is located in Norwalk Community Technical College, and is administered by the "7Cs" group (Connecticut Council of Child Care Coordinators in Community Technical Colleges). The 7Cs is a consortium of community technical colleges in Connecticut, with contracts from the DSS.

Mission

The goal of this project is to establish a statewide Child Care Training Support Fund to provide for the administration and distribution of scholarship monies for early care and education training.

History

When Connecticut received its initial Child Care and Development Block Grant (CCDBG) funds, a training committee was formed to decide how to use that money for training. At the same time, the state's

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Child Day Care Council had just completed a report recommending that Connecticut develop a comprehensive system that included scholarships to enable practitioners to pursue training. The Scholarship Fund was created in 1992 as a direct result of this report and from recommendations made to the CCDBG planning committee.

Funding

Initial funding for the first two years, 1992 and 1993, came from two sources in Connecticut's Department of Social Services: the CCDBG and federal CDA training scholarship funds. In the third year, additional funds came from a training grant won in collaboration with Southern Connecticut State University and the U.S. Department of Education. And, in 1995, funding was also received from the state's Department of Education to work with staff at NAEYC accredited centers.

In the coming years, funding will depend on the future of the CCDBG and the Fund's success in finding additional funding partners in the private and public sectors.

Accomplishments

- Awarding of scholarships to over 1,161 recipients.

- Awarding of scholarships to over 154 people who have used the funding towards receiving their CDAs. People are now coming back (three years later) to renew this credential.

- Emergence of a new trend in which people are getting into the training system and staying there. For example, one family child care provider used her first scholarship to take a first-aid course for licensing. She received her CDA and is now going to receive a one-year certificate from a community technical college where she hopes to get a degree in early childhood education.

Challenges

- Helping people understand the value of training. Fund staff members feel strongly that the early care and education field needs to learn how to communicate more effectively to parents and policymakers on how training impacts program quality and children's development.

- Prioritizing at the state level. Welfare reform is the top priority of Connecticut's governor. Quality, and thus training, are not seen as priorities and may be a conflict for DSS funding.

- Obtaining funding. The threat to CCDBG funds places the future of the Fund in jeopardy.

Next Steps

- Keep funding stabilized. This effort will include seeking public-private support because there is no way to know how long the state will be a "safe home" for the initiative.

- Do the initial development work on a training registry to identify and track training—a component of "Connecticut Charts a Course," the state's professional development plan.

Advice

Darlene Ragozzine, Executive Director, Patsy Kohout, Project Manager, and the Fund's Project Assistant, Stacey Darragh, offer this advice:

- Make a scholarship fund part of the initial plan for a professional development system. This is the bedrock of such a system. People cannot pursue professional development goals if they cannot afford the training costs.

- Make a scholarship fund that is simple and user-friendly. For example, in Connecticut:
  - Eligibility requirements are based on providers' incomes.

  - Nontraditional students, who are only able to take up to two courses at a time and do not qualify under federal financial aid programs, are encouraged to apply.
  - Funds from various sources all fit the same funding windows.
  - There is a toll-free telephone number that scholarship applicants may call (very important because many centers do not allow staff to make long distance calls).

- Encourage applicants to think ahead and develop their own professional development plans. These plans should detail their long-term goals beyond initial training.
- Work on articulation efforts within your state. For example, CDA credential fully articulates with all two-year degree programs offered at all community technical colleges in Connecticut. There is also a recently completed articulation agreement between two- and four-year colleges.
- Be patient. Be flexible. Developing a professional development system is incredibly hard work.
- Be creative. If Plan A doesn't work, have Plan B waiting in the wings.

Resources Available

A packet of written materials describing the fund and its history.

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4.

Developing an Articulated System

Advancing Careers in Child Development: California's Plan

Pasadena, California

Faced with an increasing need for quality child care, the Advancing Careers in Child Development (ACCD) project was created in 1991 to address the issues of recruitment, training, and retention of California's early childhood workforce. The overall mission of this initiative is to create a coordinated state system that welcomes people into the early childhood field from a variety of points, offers clear career pathways with articulated training and licensing systems, and provides a variety of incentives for providers to stay in the field.

Five committees of volunteers, created in 1991 in California's child development community, are working on various issues, including credentialing, certification, and accreditation; curriculum and training; retention strategies; recruitment; and transferability and articulation. This description will focus primarily on the work of the Transferability and Articulation Committee.

The Transferability and Articulation Committee defines articulation as "the linking together of programs, facilities, campuses, and segments in order to allow normal progression and a smooth transition through the educational system and to maintain continuity in the student's academic program."

To fulfill its vision, the committee designated four pilot sites late in 1994 to address a variety of issues, including: gathering necessary information to work on articulation; communicating about articulation to students; including non-formal programs; and standardizing the core content of classes. A model is being developed at each pilot site. The first step in this process has been identifying barriers to articulation—regulatory, institutional, economic, and attitudinal—analyzing them, and developing a strategy to address them.

Mission

The mission of the Transferability and Articulation Committee is to improve articulation for early childhood students. It will do this by creating a continuum (or a "process") which includes community-based training, vocational child care, community colleges, four-year colleges and universities, and family child care and which allows for the advancement of students already in the system as well as those entering the system.

History

The ACCD project began in June 1991 when Pacific Oaks College convened a two-day Scholar's Seminar of 40 leaders from California in the field of child development. The seminar was held in response to the need to overcome barriers to having a stable child development workforce. The need for recruitment, training, and retention had been accentuated by an increased demand for quality child care throughout the state.

At the end of the seminar, participants volunteered to continue the work of the seminar. Pacific Oaks College collaborated with a steering committee to develop the project's implementation plan.

Over 100 leading child development program administrators and policymakers volunteered to work on the project, and the steering committee established the five committees (see above) to further develop and implement recommendations from the seminar.

Funding

Initially, the ACCD project was funded by the Packard Foundation, the Hilton Foundation, the Parsons Foundation, and the Irvine Foundation. The David and Lucile Packard Foundation is funding the current work on articulation. The project is currently looking for other foundations to supplement their funding.

Points of Accomplishment

According to Carol Sharpe, Project Coordinator, the greatest accomplishment of the Transferability and Articulation Committee has been to help people begin to comprehend the complexity of articulation. Carol Sharpe says, "Articulation is more than agreements between institutions. Indeed, articulation agreements currently exist—collecting dust in file cabinets, for the most part—and students still face numerous barriers." The system is complex — so complex that some counselors encourage their students to pursue other fields because even they, the counselors, do not understand it. Committee members are working hard to figure out how to communicate the system to practitioners.

Challenges

- Promoting change within California's higher education system which is complex and entrenched.

Of California's 107 community colleges, 99 offer early childhood programs. These colleges fall under one of three self-contained higher education systems.

- Working with California's two sets of regulations—one that applies to private early childhood centers; the other to publicly funded programs.
- Interpreting foreign transcripts. How do you integrate someone's training in another country into California's system?

Next Steps

- Bring the committee's vision of articulation to reality.
- Create strategies to recognize informal training.
- Incorporate family child care into the system.
- Link training to the new Child Development Permit and the Standards for Program Effectiveness in E.C.E.

Advice

- Make your base as broad as possible. Involve everyone who has something to do with articulation—even though it might be much easier "to closet a few people in a room and have them come up with a plan."
- Arrive at a consensus. The time it took to do this in California has been well worth the effort because people are more and more supportive of the new ideas presented by the ACCD project.
- Build a sense of pride and ownership. Include articulation officers, administrators, and legislators.
- Say "Thank you." Carol Sharpe has found that it is very effective to send notes to college administrators acknowledging the hard work of staff and faculty involved in the ACCD project.
- Gather all the information you need to make good decisions. Find out what exists and what is already working that you can build on, as well as what isn't working. Though this step takes time, it will save you from reinventing the wheel.
- Be aware of the importance of nomenclature. For example, consider such terms as "field placement," "practicum," and "lab experience," and realize that they may mean different things to the people within or between systems. Work toward the goal of having everyone define terms in the same way.

Resources Available

- *Advancing Careers in Child Development: California's Plan*, a report that describes the ACCD project
- *Standards of Program Quality and Effectiveness, Factors to Consider*, and *Preconditions in the Evaluation of Professional Preparation Programs for the Child Development Permit*

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The T.E.A.C.H. Early Childhood® Project

Chapel Hill, North Carolina

The T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project provides educational scholarship opportunities for child care providers statewide. While providing partial funds for tuition and books, the Project is unique in that it models a link between increased education and increased compensation; mandates a commitment to remain in child care; and illustrates the principle of partnership. This principle of partnership encourages collaboration of dollars and commitment between the scholarship recipient, the employing child care program, community-based educational institutions and the T.E.A.C.H. Early Childhood® Project.

The T.E.A.C.H. Early Childhood® Project is administered by Day Care Services Association (DCSA), a non-profit, tax-exempt corporation whose goal is to improve the quality and affordability of child care in North Carolina.

Individuals are encouraged to apply for a scholarship if they meet the following eligibility criteria; have current full-time employment at a licensed child care center or registered family child care home; earn less than $15 per hour; are without a degree in early childhood education or child development; and have sponsorship from the employing child care program. Applications are submitted directly to the T.E.A.C.H. Early Childhood® Project which provides counseling, financial and administrative support to scholarship applicants and sponsoring child care programs.

Scholarships are awarded on a year round basis and are accepted at each community college in North Carolina. In 1995 the average scholarship cost for a T.E.A.C.H. Early Childhood® participant was $520. Generally, awards cover 50-80 percent of the cost of tuition and books and provide a quarterly travel stipend. Additionally, the Project and sponsoring child care programs partner dollars to provide paid release time to scholarship recipients in certain scholarship programs. Upon completion of a prescribed amount of education recipients receive increased compensation in the form of either a raise or bonus.

The T.E.A.C.H. Early Childhood® Project has scholarship options that are available to most child care teachers, directors and family child care home providers at every stage of their professional development: pre-degree, degree and post-degree. Below is a list of the five core scholarship programs within the T.E.A.C.H. Early Childhood® Project.

- The North Carolina Child Care Credential Scholarship Program offers scholarships that provide a quarterly travel stipend and partial financial assistance for tuition and books for the two courses needed to earn either the North Carolina Child Care Credential or Family Child Care Credential.

- CDA Rural Scholarship Collaborative provides teachers, directors and family child care providers living in 31 selected rural counties with a scholarship, technical assistance, consultation and individualized training necessary to receive the nationally recognized CDA credential.

- Early Childhood Associate Degree Scholarship Program offers scholarships that enable eligible child care providers to enroll in coursework towards a Certificate, Diploma or Associate Degree in early childhood education at a community college. Upon completion of a prescribed educational requirement recipients receive increased compensation and commit to employment at the sponsoring child care program for an additional year.

- Early Childhood Bachelor's Degree Scholarship Program provides scholarships for teachers, directors and family child care providers as they earn a Bachelor Degree in early childhood education or child development. Recipients agree to take a minimum of nine semester credit hours per year and commit to employment in the child care field for two years in their sponsoring child care program for at least one of those two years. Scholarship recipients receive increased compensation in the form of a raise or bonus.

- Early Childhood Model/Mentor Teacher Program provides scholarships and advanced training to experienced child care teachers who possess an Associate or Bachelor Degree in early childhood education, child development or a related field of study. Sponsoring programs agree to serve as placement sites for practicum students studying early childhood education or child development at the local community college. Model/Mentor teachers commit to remain in their classroom at the sponsoring child care program for an additional year. Increased compensation is provided in the form of incremental bonuses during the first mentoring year and a three percent salary increase the following year.

Mission

The goals of the T.E.A.C.H. Early Childhood® Project are to:

- increase the knowledge base of center-based teachers, directors and family child care providers working with young children, thereby improving the care these children receive;

- encourage child care programs to support the professional development of their staff;

- provide increased financial compensation that is directly related to the increased education of their staff;

- reduce staff turnover by supporting the above goals while mandating commitment to the child care field or sponsoring program;

- provide a sequential professional development path for teachers, directors, and family day care home providers currently working in the field; and

- create a model of partnership for improving the quality of care that children in child care programs in North Carolina receive.

History

The T.E.A.C.H. Early Childhood® Project began in response to the data from two studies of North Carolina's workforce. These staffing studies, conducted by DCSA in 1989, 1992 and 1993, revealed that:

- in North Carolina, 50 percent of directors and 70 percent of teachers in the child care centers had no formal education beyond high school;

- child care workers received very low wages. Child care center teachers and directors earned $5.25 and $8.71 an hour, respectively, and family child care providers earned about $3.97 per hour; and

- North Carolina had a child care center turnover rate of 38 percent per year.

The T.E.A.C.H. Early Childhood® Project was piloted in 1990, and was initially called the Teacher Education and Compensation Program. However, it expanded with state funding to become the T.E.A.C.H. Early Childhood® Project. Prior to expansion funding was primarily received through United Way contributions, corporate and foundation grants.

Funding

Total budget for the program, including administrative costs, is $1.3 million. There is no endowment. Funds come primarily from the North Carolina General Assembly, the Child Care and Development Block Grant, and foundation and corporate grants.

Points of Accomplishment

- Scholarships have been awarded to recipients residing in 99 of the 100 counties in North Carolina. In 1995, 2,007 T.E.A.C.H. Early Childhood® participants impacted the lives of 40,609 children in child care programs in North Carolina. Children in North Carolina are benefiting from a lower turnover rate of teachers, directors and family child care providers. Research conducted by DCSA has found that the staff turnover rate among participants is 10 percent, contrasted with the 42 percent statewide turnover rate.

- T.E.A.C.H. Early Childhood® scholarship recipients completed over 14,400 credit hours of education in 1995. Recipients on the Associate Degree Scholarship Program received a 6 to 13 percent raise in salary.

- Success of the T.E.A.C.H. Early Childhood® Project in North Carolina has led to replication of the Project in other states. Currently, Georgia, Florida and Illinois have been licensed to replicate T.E.A.C.H. Early Childhood.

Challenges

According to Susan Russell, "We haven't had any major obstacles. That is what is amazing about the program. Everyone wins. It has been well received by all types of child care providers and funders. It is well liked by legislators on both sides of the aisle."

Next Steps

- Continue to work with other states who are interested in developing T.E.A.C.H. Early Childhood® Projects using corporate or other types of funding. Currently, Georgia, Illinois and Florida are operating T.E.A.C.H. Early Childhood® Projects. New York and Colorado are in the process of securing a license.

- Develop and implement the CDA Credential Assessment Scholarship Program. This program will provide scholarships statewide to individuals applying for CDA assessment to the Council for Early Childhood Professional Recognition.

Advice

- Begin with reliable, up-to-date data. You can't craft an initiative if you don't know what the needs are.

- Collect data all the way through to help you reframe your work as necessary. Each year, the T.E.A.C.H. Project talks with every participant about their experiences. It also talks with people who are not participating in an effort to understand why they are not participating.

- Start slowly. Test out ideas. Refine. Then expand. Work on getting it right before you work on getting it big. Piloting projects on a limited basis, refining them, and then expanding them have been largely responsible for the success of the T.E.A.C.H. Project.

- Throw out a wide net. Be inclusive. Allow everyone to participate so that you have a wide gamut of providers to support you. "As soon as you draw a line about who and who cannot participate, you have someone on the outside," says Susan Russell.

Resources Available

Informational flyers and brochures on the project and each program component

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California Early Childhood Mentor Teacher Program[6] (CECMTP)

Hayward, California

We thank Alice Burton of The National Center for the Early Childhood Workforce (NCECW) for contributing this initiative description.

The California Early Childhood Mentor Teacher Program (CECMTP) was designed (1) to support and retain experienced teachers, and, (2) in the process, to enlist them in training novice caregivers. To address these two objectives, the program selects experienced child care teachers and provides them with advanced training in adult learning and supervision. Having completed the training, these teachers can apply to become Mentors who then earn stipends for using their classroom as an environment, or practicum, to train student teachers. The mentors supervise the students helping them to link child development theory to their classroom practice. Mentors also receive ongoing training and support to enhance their own professional development and their efforts to upgrade the quality of services in the community.

CECMTP is administered by Chabot Community College in Hayward, California. The National Center for the Early Childhood workforce, a research and advocacy group in Washington, DC., collaborates with Chabot College to document and assess the program as well as disseminate information.

Community college early childhood sites contract with CECMTP to implement the program in exchange for a set amount of funding to cover course instruction, selection committee honoraria, and staff time for program coordination. College coordinators identified at each participating college campus meet twice a year with the CECMTP administration to share information relevant to the program.

The program is implemented at each participating college site in the following five stages:

Stage 1: Recruitment of Mentor Candidates
The college identifies center based teachers and family child care providers who have completed early childhood training at the college level(including a supervised practicum), have two years experience in the field, and currently work in a center or home.

Priority is given to teachers and providers serving children who are subsidized in full or in part by the California Department of Education, Child Development Division, followed by those serving special needs populations.

Stage 2: Instruction of Mentor Candidates
A mentoring course is offered for two-semester units, to mentor candidates in a format determined by local colleges.

Course content aims at helping candidates build adult education skills for working with student teachers and providers.

The process includes a self-review of candidates' classrooms, using the appropriate Harms-Clifford Rating Scale (ECERS for preschool classrooms, ITERS for infant-toddler classrooms; FDCRS for family child care).

Stage 3: Selection of Mentors
Upon completion of the course, candidates apply to be mentors by submitting verification of qualifications, a personal statement, letters of recommendation, and a statement from their employers stating their willingness to participate in the program.

A selection panel representing the diversity of the early childhood community is convened; members observe candidates' classrooms, and meet with the candidates to compare assessments; final decisions are made by the selection panel.

Stage 4: Placement of Students (Mentees)with Mentors
Students are recruited from the early childhood education department at the college or the local high school Regional Occupational Program (ROP).

Instructors in the colleges or ROP practicum make mentor/mentee placements.

Mentor placement, modeled on other college early childhood education practica, typically includes at least 100 hours with a mentor and participation in a seminar.

Stage 5: Ongoing Mentor Supports and Responsibilities
This includes monthly mentor meetings to further develop supervision skills and professionalism; completion of six hours of professional development activities annually, designed by the mentor; and optional participation in the two-day annual Mentor Institute.

There is a base stipend of $500 per year for participating in mentor meetings and professional development activities; an additional stipend is based on number and hours of student placements; average stipend is $507, in addition to the base stipend.

Mission

- To retain skilled and stable child care teachers through advanced training, professional recognition, and financial reward.
- To increase the opportunities for novice and/or untrained teachers to improve their caregiving skills through participation in a high-quality, supervised teaching experience.
- To increase community awareness of issues related to quality.
- To involve the community college with others to improve standards of child care quality in the community.

History

Long recognized as a pioneer in providing comprehensive child care services, California has nonetheless been affected by the staffing crisis. In many communities around the state, a turnover rate of 30 percent or higher is common among teaching staff. Although California requires center-based teachers to have pre-service training, in reality many of them are hired, even though they have no (or only minimal) child development training or course work. Novice teachers, many of whom are students, work in programs with other inexperienced teachers—often without the benefit of any supervision or guidance in good teaching practices. Often no in-service opportunities to learn from other providers exist once they are on the job. Thus, community colleges and other agencies concerned with improving child care must struggle to create positive, supervised field learning experiences for students—many of whom are already employed. At the same time they wrestle with how to secure the continued commitment of teachers and providers who are already trained to work directly with children.

In 1988, the National Center for the Early Childhood Workforce (NCECW), formerly known as the Child Care Employee Project, and Chabot College in Hayward, California, developed the CECMTP with foundation funding. After the initial pilot project phase, eight private funders contributed funds to expand the program to community colleges throughout California.

In 1992, federal Child Care and Development Block Grant (CCDBG) funds became available to further expand and support the program. Chabot College contracted with the California Department of Education, Child Development Division (CDD), the state gency designated to oversee the CCDBG funds to administer the program.

As the program has grown, Chabot College has assumed increasing administrative responsibility, while NCECW has focused its efforts on documentation and the dissemination of information about mentoring programs.

Funding

Funds come primarily from Child Care and Development Block Grant monies. Private funders who have contributed to CECMTP include the David and Lucile Packard Foundation, United Way, American Express Philanthropic Program, ARCO Foundation,

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the Center for Career Development in Early Care and Education at Wheelock College, Clorox Company Foundation, Conrad N. Hilton Foundation, the San Francisco Foundation, and the Morris Stulsaft Foundation.

Points of Accomplishment

- The CECMTP has succeeded in attracting a pool of highly qualified, veteran teachers to serve as mentors to early childhood education students.

- Through the CECMTP, mentors improve their self-esteem, form new skills in working with other adults, and renew their commitment to their profession.

- The CECMTP provides training to an ethnically diverse, experienced group of students, many of whom are employed in child care centers. Like their lab student counterparts, mentees report a high level of satisfaction with their practica experiences.

- In an assessment conducted by NCECW in 1994, mentor classrooms are rated as high in quality, better than community classrooms.

- Student teachers, while engaged in their supervised practica—whether in a lab or mentor classroom—rate better on several items of teacher behavior than do community teachers without practica experiences.

- Mentors become more effective teacher trainers as they gain experience mentoring.

Challenges

The California Early Childhood Mentor Teacher Program has been easy to sell to members of the early childhood community who recognize the pressing need to retain skilled teaching staff, build training for entry-level staff, and reward teaching staff for their achievements. The program has been remarkably popular and successful; however, as with any program, there is room to build on its accomplishments and strengthen certain aspects.

Next Steps

A 1995 assessment of the CECMTP revealed avenues for building on and strengthening the program. They include:

- strengthen mentor training;

- extend the connection between mentors and post-practica students;

- increase the participation of bilingual caregivers, family child care providers, and teachers serving low-income children in a variety of settings;

- recruit more and better prepared students to work with mentors;

- ensure sufficient release time and stipend levels for mentors;

- document training outcomes; and

- increase efforts to upgrade child care quality.

Advice

Marcy Whitebook, co-founder of the California Early Childhood Mentor Teacher Program, suggests:

- design a program that responds to the immediate needs of teachers and providers. It will be embraced very quickly, because of the scarcity of such programs. This is one of the important lessons of the CECMTP;

- identify all the players with a stake in linking child care quality with training and improved compensation, and invite them to participate in the planning process from the beginning;

- build in a system for program participants to give ongoing feedback to program administrators, and others; and
- collect data so that you can assess your program's successes and address the weaknesses.

Resources Available

Whitebook, M., & Sakai, L. (1995). *The Potential of Mentoring: An Assessment of the California Early Childhood Mentor Teacher Program.* National Center for the Early Childhood Workforce.

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STRATEGY 2

Involving Parents Through Consumer Education Efforts

> Consumer education is the process of communicating objective information about products or services to a prospective consumer.... When consumer education helps families to find and recognize child care that meets their needs, it can lead to more stable child care arrangements. This stability in turn has positive effects on children and family members.
>
> In the long run, consumer education may also affect the quality and quantity of services offered in the child care market. As parents become better informed as consumers, their demands for better, more varied, or simply more child care services will be felt in the marketplace. While consumer pressure on the marketplace cannot and should not take the place of strong regulatory protection systems, informed consumers can assist child care regulators to do their job.
>
> —Mitchell, Cooperstein, and Larner, 1992 [7]

In the words of Denise Fogarty of Child Care Aware, "There need to be incentives for providers and programs to improve quality. Providing what the customers (parents) want—good quality early education and care for their children—can be one of those incentives."

The goal of consumer education typically is to inform families about:

- what quality early care and education and care is;
- how to find quality early care and education; and
- how to work with practitioners in ongoing ways to have and maintain the highest standards of quality child care.

In order to be effective, consumer education initiatives must overcome many challenges:

- Communicating about quality in ways that are meaningful for parents. Research suggests that both parents and educators essentially agree on the definition of quality care: a warm, caring, responsive relationship between parent and provider, a safe environment, and good communication between the parent and provider. Yet, when it comes to talking with one another about quality, it often seems as if each is speaking a different language. Parents, for example, typically talk in terms of "someone who will take as good care of my child as I do," while educators come to the table talking almost clinically about training and accreditation. Bridging this gap requires listening carefully to parents' needs and concerns and using that information in consumer education efforts.

- Reaching out to parents successfully. To effectively communicate about quality, educators and practitioners carefully consider the when, how, and where to best share information with parents.

  The when: Theories of adult development tell us that adults, like children, learn best at "teachable moments." Therefore, consumer education efforts are well-advised to reach parents at those moments when information about child care is especially relevant and meaningful—such as when people are considering becoming pregnant and soon after the birth or adoption of a child.

  The how: Consumer education campaigns typically use a wide variety of advertising mediums to reach parents, including TV, radio, articles in newspapers and magazines, flyers, billboards, and even milk cartons from local dairies. In addition, one-on-one personal communication can be very effective. For example, this occurs when parents make a telephone call to their local child care resource and referral agency (CCR&R) and speak to a counselor. It may also happen in person, for example, when a CCR&R sends representatives to a community event, when a local family child care association conducts a tour of family child care homes for prospective parents, or when a pediatrician talks about child care with a parent during a baby's check-up.

  The where: Parents are very busy people. Effectively reaching them means figuring out where they spend most of their time and making contact with them there—for example, in schools, pediatricians' offices, popular stores; at community events for children and families, etc.

- Acknowledging and responding to the deep emotions that are evoked by sharing the education and care of young children. Naturally, parents want the best early education and care for their children. At the same time, they are faced with the reality of both limited good quality and affordable options. Guilt and fear that a practitioner might take their place in their child's life can make it difficult for a parent to assess a potential early childhood setting. The lack of options, the pressure to get to the workplace on time, and the deep desire to provide the best make it difficult—if not impossible—for a parent to assess an early childhood arrangement.

  To be effective, consumer education about quality child care must take parents' feelings into account. For example, assuring parents that their child's educator plays a significant, yet very different role in the child's life than they do, can help reduce anxiety that he/she will take their place. Helping parents think creatively to explore all the options open to them can help parents feel they do not have to go with the first program they find.

- Creating opportunities in which parents can experience quality. Many parents report that they never knew what quality was until they were lucky enough to find a quality program. Consumer education efforts need to be creative about this. For example, offer parents a personal visit to or video tour of quality family child care homes and centers; partner parents searching for child care with parents whose children are in quality programs.

Child Care Aware is one such effort that addresses these challenges, among others, in its efforts to promote effective consumer education across the country. A nationwide consumer education campaign, it was launched in 1992 by Dayton Hudson in partnership with the Child Care Action Campaign (CCAC), the National Association of Child Care Resource and Referral Agencies (NACCRRA), the National Association for Family Child Care (NAFCC), and the National Association for the Education of Young Children (NAEYC). The goal of Child Care Aware is to enhance and support the work being done in Child Care Aware communities, to encourage parents to value quality child care, and to help parents recognize and find quality care.

Child Care Aware has developed *Five Steps to Finding Quality Child Care* and a 27-point quality checklist. It also offers a national toll-free phone line to direct parents to the CCR&R agency in their community for further information and assistance in finding child care and has made grants in nearly 30 communities to enhance local efforts.

Hundreds of thousands of parents have utilized Child Care Aware's resources and information in their child care search. The toll-free telephone line has helped over 50,000 parents access local information and guidance in finding child care. Over five million brochures have been distributed to parents and the general public in Dayton Hudson stores, in public places, and at local events. Nearly 85 percent of brochure recipients have or will use Child Care Aware to assist them in their search for quality child care.

Additionally, the campaign has provided an impetus for national and local organizations to reevaluate current consumer education efforts in child care. It has encouraged and supported organizations to reach out to parents through new channels and mechanisms. Community agencies have developed and strengthened relationships with the media, advertising outlets, and a variety of public information access points. Organizations are purposefully working to increase the quality and accessibility of information that will help parents recognize and locate quality child care.

Resources Available

Child Care Aware: Strategies Guidebook, a guide to lessons learned about consumer education by Child Care Aware sites.

Child Care Aware Resource Catalog, a catalog including market-tested research and consumer education materials professionally produced for Child Care Aware.

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STRATEGY 3

Improving State Regulations

Studies of center-based arrangements reveal that quality in child care centers is affected by state regulations: children who live in states with high regulatory standards have higher-quality early care and education than children who live in states with low standards.[8] Yet studies reveal that there are large variations in standards across the United States.[9]

Although the studies delineate the characteristics of quality that affect children's development, they do not reveal whether it is possible to improve levels of quality by changing those characteristics. Recent events in Florida suggest that legislative interventions can have a positive impact on the quality of early education and care and children's development.

In 1992, state legislation became effective in Florida which changed the teacher-to-child ratios for infants from 1:6 to 1:4 and for toddlers from 1:9 to 1:8. Effective in 1995, Florida will require that every child care facility have at least one staff person for every 20 children. This person must have a Child Development Associate (CDA) credential, a comparable CDA equivalency, an experience exemption, or a formal education requirement that is equal to or greater than the CDA credential or equivalency.

The Florida Child Care Quality Improvement Study[10] (a study in progress, being conducted by the Families and Work Institute) is looking at how the changes in ratios and education requirements are affecting the quality of early education and care and children's development.

The sample studied consists of approximately 150 licensed child care programs in four Florida counties: Pinellas, Duval, Broward, and Hillsborough. These counties were chosen by the study's Florida Advisory Board because they are representative of child care climates within the state.

Findings from the interim report show that the changes in ratios are having the following impacts:

- Children's intellectual and emotional development is improved. The list of changes in children's development is extremely impressive. Children engage in more complex play with objects and with each other. They are observed to be more securely attached to their teachers, which means they feel safer and more secure to explore, play, and learn. Children are also found to be more proficient with language and have fewer behavior problems.

- Teachers are more sensitive and responsive. This is significant because, in order to prosper and learn in early childhood settings, children need teachers who care for and about them. They also need teachers who are tuned into them and respond in ways that capitalize on "teachable moments"—such as bringing out a book about fire engines for the child who was captivated by a passing fire engine on the way to preschool.

- Teachers' negative management styles have declined. Teachers are less likely to respond to a child's misbehavior by yelling, scolding, threatening, being sarcastic, smacking, or hitting. In some programs, this behavior was reduced by 75 percent.

- Global quality improved significantly from 1992 to 1994. Between 36 and 42 percent of the children in the Florida study are now in growth-enhancing early childhood arrangements. This is an impressive accomplishment, considering that other community-based studies have found that only 12 to 14 percent of the children in child care are in arrangements that promote their growth and learning.

STRATEGY 4

Promoting Accreditation Of Practitioners In Family Child Care And Center-Based Settings

The goal of voluntary accreditation of center-based settings and family child care homes is to improve the quality of early childhood programs by establishing national standards and by recognizing those programs that achieve substantial compliance with those standards and regulations.

In 1981, when it became clear that the United States would not institute the national standards developed by the Federal Interagency Day Care Commission, the National Association for the Education of Young Children (NAEYC) began developing its national voluntary accreditation system. After surveying NAEYC membership as to the factors contributing to high-quality programs and extensive field-testing of the standards and process of accreditation, NAEYC accreditation went into effect in 1985.

The National Association for Family Child Care (NAFCC) also has an accreditation system. It was developed in 1988, in response to the need for national standards of excellence for family child care. The current accreditation system includes seven major components, a self-study parent questionnaire, and visits from both a consumer/parent validator and an NAFCC validator. In November 1993, the NAFCC board of directors decided unanimously to redesign the accreditation system in response to lessons learned during the first five years of accrediting providers. This process, which involves community work groups of providers from across the country, is currently under way.

Across the country, initiatives to promote accreditation are springing up. Here we focus on two such initiatives:

The Accreditation Project of the Chicago Metropolitan Association for the Education of Young Children (Chicago Metro AEYC)

Chicago, IL

The Accreditation Project was implemented in 1994 to improve the quality of early care and education for young children in the Chicago metropolitan area by increasing the number of National Association for the Education of Young Children (NAEYC) accredited early childhood programs in low-income communities. Accreditation is a professional, national, and voluntary system. An accredited program meets nationally recognized criteria for high-quality care and education. Programs participating in the Accreditation Project receive a comprehensive range of support and assistance, including: orientation sessions; funding for accreditation fees and materials; grants for improvements necessary to meet accreditation standards; on-site consultation; professional development workshops for staff; family education materials and workshops; individualized assistance from a Site Coordinator; a support network and mentors; and membership in NAEYC and Chicago Metro AEYC for each teaching staff member at the site. The Accreditation Project is funded by the Robert R. McCormick Tribune Foundation, as part of its "Focus on Quality" program—a collaborative effort to improve early childhood education in the Chicago metropolitan area. The Accreditation Project is planned for five years. It is expected that project staff will assist in the accreditation of 40 programs.

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Child Care Aware

Rochester, MN

Child Care Aware was the first large-scale experiment to promote the accreditation of family child care providers in the United States. Though accreditation has been a "harder sell" than training, and is taking longer to catch on than anticipated, momentum is building and accreditation is beginning to catch on. The more than 500 providers accredited through Child Care Aware sites represent close to half the total number of providers accredited across the country.

Child Care Aware sites are using a variety of support strategies. The "slow-drip method" is perhaps the most common. Here, providers are slowly and steadily encouraged to become accredited. Articles appear regularly in local family child care association newsletters. A mentor program is established, whereby accredited providers offer technical assistance to colleagues who wish to be accredited. Workshops on accreditation are presented, and local community colleges offer courses based on the accreditation instrument.

Over the past year and a half, communities have been experimenting with a more aggressive approach to promoting accreditation by "turning on the faucets " and providing a variety of supports and incentives. For example, in San Diego, Chicago and Nashville, Child Care Aware sites are offering funds to providers to pay for (or help pay for) their accreditation fees. The sites are offering support to providers through mentors, support staff, support groups, and training. And in San Diego, the resource and referral agency is placing accredited providers who have openings at the top of the list of referrals sent to parents.

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STRATEGY 5

Improving the Compensation of the Child Care Workforce

We thank Alice Burton of The National Center for the Early Childhood Workforce (NCECW) for contributing this section.

Researchers who have conducted in-depth observational studies of child care agree that the key components of high-quality programs are the presence of significant numbers of well-trained staff and low rates of staff turnover achieved through adequate wages. Thus, efforts to build high-quality child care services for children must consider the compensation of caregivers. (Editor's Note: *As was discussed earlier, improving compensation is closely related to professional development. Yet because compensation is such a major issue in early education and care, it also needs to be addressed as a separate strategy.*)

In 1989, the National Child Care Staffing Study (NCCSS) found that children attending centers with high turnover and minimally trained staff were slower to build language and social skills than children enrolled in programs with more skilled and stable caregivers. The researchers also reported that children spent less time engaged in social activities with their peers and more time aimlessly wandering. Children require a continuous bond with well-trained teaching staff if they are to develop trust, confidence, and a desire to learn and socialize with their peers. Children in the NCCSS who attended centers that paid their staff members higher wages had more positive developmental outcomes.

More recent research has replicated the NCCSS finding, linking better compensation for child care teachers, a more skilled and stable child care workforce, and better outcomes for children.[11] Noting the beneficial effects of better compensation on child care quality, many policymakers, opinion leaders, and educators recommend and, in some cases, have implemented[12] widespread improvements in compensation for the child care workforce.[13]

Quotes taken from child care teachers and providers testify to the importance of adequate wages and reinforce findings about the importance of compensation to high quality child care services.

An experienced teacher describes the way low wages affect her center:

> I started as head teacher six years ago and I'm still here....I train all new employees and bring new ideas and changes to current employees. I am getting 20 cents per hour more because of this. Even with this raise and years of service, I still only make $5.80 per hour. How sad! Sadness is when two young teachers who have been with us for a year both left our day care to work at Taco Bell. Their starting pay was 10 cents an hour more than they made here. The benefits were better too.

Another teacher comments on the impact of turnover on children in her classroom:

> I have been a teacher in child care for 17 years— only because my husband can help pay the bills. I worked at one center where I was the third teacher in one year in a two-year-old classroom. It took the children over a month to stop asking, 'Are you coming back?'

A parent notes the influence of turnover on her son:

> The turnover at my child's day care center has caused emotional upheavals each time they occur. Our son weeps and acts out after a change of providers.

A teacher with specialized training in early childhood education reflects on her future in the teaching field:

> Although I have a Master's Degree in Early Childhood Education and 20 years of teaching experience—and I love what I do— I am seriously considering leaving the field so that my own children can attend college. In my community, office cleaning personnel receive $13 per hour and up; early childhood teachers at my level receive $9 to $12 per hour.

These are the words of a teacher in a similar situation:

> I have a BS in Child Development and am more than qualified to work with young children, but I can't afford it. I don't think qualified individuals will be working in day care for minimum wages.

Promising Practices

During the past decade, leadership in the efforts to enhance early childhood professional compensation and program quality has shifted between the state and the federal levels. Many of these efforts have explicitly set the goal of maintaining affordability for families (or not increasing parent cost) when implementing compensation improvements. In the late 1980s, policymakers and advocates increasingly focused their attention on federal child care legislation, resulting in the passage of the Child Care and Development Block Grant (CCDBG) in 1990.

Under CCDBG guidelines, a state must spend at least five percent of its funds on the improvement of child care quality. Activities include upgrading provider compensation, training, resource and referral services, and licensing. Although the original law allows for additional funds to be spent on quality improvement, federal regulations greatly limit this option for some states. Other states, however, have managed to use other Block grant funds to study alternative strategies, conduct salary surveys, raise reimbursement rates, and initiate grant programs. The result of CCDBG implementation has been to turn much of the focus back to the states. Most states have made only modest gains in the areas of compensation and quality improvement.

Grant Programs. Some states have developed grants as an alternative way to reward child care programs when there are insufficient funds to increase staff compensation. This approach can also have the advantage of not raising parent fees. For example, Wisconsin has set aside substantial CCDBG funds to help centers and family child care providers meet state standards based on NAEYC accreditation. However, it places greater emphasis on working conditions, benefits and turnover. Funds may be applied towards accreditation and staff training to meet standards. Programs that already meet standards can use the additional funds to directly improve wages and benefits. Other states that have implemented or plan to use grants to improve compensation include Louisiana, Alaska, Oregon, and Washington.

Raising reimbursement rates to enhance salaries. Low reimbursement rates are the major way that public funding perpetuates low levels of child care compensation. For many states, the CCDBG provision that programs can be reimbursed at the market rate has offered a significant opportunity to remedy this situation. The major drawback to this strategy, however, is that increased levels of reimbursement can also raise the level of fees paid by parents. Louisiana, Baltimore, Maryland, Pennsylvania, Connecticut, and Washington have pursued strategies to upgrade their reimbursement rates.

Linking training with higher staff compensation. These programs fall into two general categories: those that reward professionals with advanced training such as CECMTP which we have described earlier in this chapter and those that expand access to training such as The T.E.A.C.H. Early Childhood® Project which we have also described. Other states that have implemented programs to reward training with compensation or loan forgiveness include: Tennessee, Louisiana, Texas, California, and Pennsylvania.

Substantial child care compensation reforms have occurred in two federal programs: Military Child Care and Head Start.

- Military Child Care. Begun as a pilot project to increase teacher salaries at some centers, the Caregiver Personnel Pay Plan, launched in 1989, is now an ongoing program within the military child care system, which links training to increased compensation. The result has been a dramatic reduction in staff turnover. Major goals are to make early childhood staff salaries competitive with comparable professions within the military, and to break the link between staff compensation and patron fees. Entry-level staff receive increased compensation after completing required training and demonstrating developmentally appropriate practices. The competency based on-the-job training is modeled after the Child Development Associate (CDA) credential program. Staff with CDAs, associate, or bachelor's degrees can also increase their compensation by taking advanced training.

- Head Start. The 1990 Head Start Reauthorization included several ground breaking provisions for staff training and compensation. For the first time, two percent of the Head Start budget was set aside for training, and an additional ten percent was set aside for quality improvements, including five percent that had to be spent on salaries. After that first year, all Head Start funding increases were required to include a 25 percent set-aside for quality, with half of this amount dedicated to increasing salaries. The law mandates increased training requirements for Head Start teachers. The 1994 expansion of Head Start maintained these quality provisions. The National Center for the Early Childhood Workforce has just completed an analysis of existing data on Head Start salaries and a review of the policy implementation[14] for the U.S. Department of Social Services, which oversees the Head Start Bureau.

Taken together, state and federal initiatives can be seen as the building blocks for future, more comprehensive efforts on behalf of the early childhood profession. Unfortunately, their future is uncertain due to proposed budget cuts that would eliminate support.

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Resources

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[6] The National Center for the Early Childhood Workforce coordinates Early Childhood Mentor Teacher Alliance, a network of early childhood professionals working to enhance career development, compensation and leadership among child care teachers and providers. For more information about the Early Childhood Mentor Teacher Alliance, contact:

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[11] The United States Army's child care compensation plan is described in *Breaking the link: A national forum on child care compensation,* Washington, DC: National Center for the Early Childhood Workforce, 1994. Head Start's federally mandated policy to enhance teaching staff salaries is documented in *Early childhood programs: local perspectives to providing head start services,* Government Accounting Office, December 1994; and in *Improving Salaries in Head Start: Lessons for the Early Care and Education Field.* Washington, DC: NCECW. In press.

[12] A sampling of publications that make this recommendation includes:

Starting points: Meeting the needs of our youngest children. New York: Carnegie Corporation of New York, 1994.

Ready to learn: A mandate for the nation. E.L. Boyer. New York: Carnegie Foundation for the Advancement of learning, 1991.

Head start: The emotional foundations of school readiness. Washington, DC: National Center for Clinical Infant Programs, 1992.

Beyond rhetoric: A new american agenda for children and families. Washington, DC: National Commission on Children, 1991.

Taking care: state developments in child care. Washington, DC: National Governors Association, 1990.

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Improving the Quality of Early Care and Education Checklist

The following questions are designed to help you address the issue of improving the quality of early care and education in your state or community. You may want to include them on your agenda when meeting about this topic.

1. What quality enhancement initiatives are already in progress in our state or community, and how can we join them? Support them?

2. What other strategies should we pursue to improve the quality of early care and education in our state or community? (For example, promote professional development; involve parents through consumer education efforts; work to improve state regulations; promote accreditation in family child care and center-based programs; encourage family child care associations to reach out to nonregulated and relative providers; improve the compensation of the child care workforce.)

3. How will we address professional development in our state or community? (For example, provide information about the importance of training and training opportunities; begin to develop a career ladder or lattice; promote mentoring; seek funding for a scholarship fund; create a substitute fund to encourage educators to visit other programs; address articulation issues; work to link professional development to improved compensation.)

4. How will we educate consumers to recognize and choose quality? (For example, conduct focus groups with parents to better understand their definitions of quality; create a network of parents in quality settings to talk with other parents about the benefits of quality and where to find it; work in collaboration with parents, counselors at local resource and referral agencies, and the local media to develop effective messages about quality child care for consumers.)

Community Mobilization

Sustaining the Vision: Assuring Lasting Change

- Maintaining Momentum
- Financing Early Childhood Supports and Services
- Engaging the Public
- Assessing Results

Chapter 7

Maintaining Momentum

Creating systemic change is a process that takes time—a long time. Some initiatives live for five or seven years or more. Some leaders of community mobilization initiatives believe that their work will never be done. This kind of work requires a long-term investment of time, energy, resources and leadership. In order to successfully mobilize communities on behalf of young children and their families, it is, therefore, critical that community mobilization leaders consciously incorporate strategies for maintaining the momentum of their efforts from the very beginning.

A hallmark of successful system change efforts is collaboration among diverse stakeholders in public and private organizations at the state and local levels. Such collaboration is a complicated, time-consuming process that typically requires the creative, concerted and committed efforts of everyone involved over a period of many years.

This process can feel as if it is "never ending" to participants. It can be hard to see quick results and easy to "burn-out" or feel overwhelmed by the magnitude of change required to create comprehensive, family-centered early childhood systems. Yet, maintaining momentum is possible—especially when leaders are well-prepared to sustain their efforts.

Strategies for maintaining momentum are especially important when early childhood system change initiatives continue through the terms of multiple governors, mayors, legislatures, county commissioners, city councils, and so on. Such strategies are also critical in times like the present, when federal, state and local funding programs and structures are changing.

This chapter highlights key questions for community mobilization leaders to consider as they plan for maintaining the momentum of their community mobilization efforts. It also discusses successful strategies, advice from experienced community mobilization leaders, a Maintaining Momentum Checklist, and a roster of community mobilization experts to call upon for further information on this topic.

QUESTIONS TO CONSIDER

Maintaining Momentum

Maintaining momentum can be best accomplished when participants take the perspective that success is a journey, rather than a destination. The "right" leadership is also key. Leaders of successful community mobilization initiatives are able to help participants see their work as a dynamic process of seeking and receiving feedback, and responding as necessary. Successful leaders also help participants understand that they may sometimes feel uncomfortable with the messy process of change and to endure those times together with humor and grace.

Here are some of the issues that veteran community mobilizers consider essential to plan for when beginning the community mobilization process. The following section, Successful Strategies, summarizes what these veterans have learned about maintaining momentum and what they recommend to others.

4.

What stops momentum?

Every community mobilization initiative has a natural rhythm and a life cycle of its own. This life cycle typically includes periods of great change and activity, along with periods of slow progress, when the changes are being implemented and when goals and strategies are being assessed or revised. Sometimes an initiative loses steam, progress stops and everyone involved becomes discouraged. This can happen for many reasons, including:

- leadership "burn-out";
- no new leadership development;
- dependence on elected champions who are no longer in office;
- lack of bi-partisan or multi-sector stakeholder support;
- insufficient broad-based community support for the initiative's vision;
- poor initiative management (lack of volunteer recognition, poor communications, long and boring meetings, lack of needed data, etc.);
- no vision, goals or strategies, or no ongoing communication about these crucial elements;
- unresolved "turf issues" or stakeholders' unwillingness to share information, ideas and resources;
- lack of trust among stakeholders;
- poor communication and or coordination among public agency partners (e.g., state and local Departments of Education, Health, Child Welfare, Family Support, Mental Health);
- poor communication and coordination or mistrust among private sector stakeholders (e.g. early childhood care and education, health or family support professionals, business, religious or union leaders); and
- an unwillingness of key stakeholders to change their institutional thinking and behavior.

All of these momentum stoppers can be prevented by effective planning and leadership. At the same time, there are often important lessons to learn when an initiative's momentum wanes. These interludes can provide unexpected opportunities to:

- reevaluate the initiative's vision, goals and strategies to see what did or did not work, and why;
- look at the community's problems and possible solutions in new ways; and
- consider different and possibly more effective strategies.

Veteran community mobilization leaders report that one initiative's apparent "failure" often sets the stage for the success of a new, or revamped, initiative. They also say that the process of community mobilization requires that initiative leaders maintain an entrepreneurial mind-set. That is, they must be willing and able to objectively evaluate and learn from their failures and incorporate that knowledge into subsequent efforts.

2.

How can initiative leaders sustain human resources over time?

Sustaining an initiative's human resources over time requires several key elements:

- a clearly communicated vision and set of goals;
- a continuous process of involving, educating and nurturing new leaders;
- a process that enables stakeholders to make the decisions; and
- ongoing assessment and celebration of accomplishments.

Clearly Communicated Vision and Goals

Community mobilization initiatives that continue over time are usually driven by a clear vision and set of goals that are always communicated to new stakeholders, who are continuously recruited to participate. Says Sue Creech:

> Initiatives must be willing and able to add new stakeholders at any point in the process as the initiative grows in order to maintain momentum. This requires flexibility and a mechanism for ongoing education and communication of the vision and goals to each new participant in the process.

Peg Smith agrees, emphasizing that:

> Effective, ongoing mass communication strategies are key to long-term support for systemic change. If families, communities and organizations clearly understand their stake in the change process, their long-term support will be more forthcoming.

Such continuous and widespread communication about an initiative's vision, goals and strategies represents a major investment of time, ideas and people power. Many successful initiatives establish public education and awareness task forces or committees, and enlist volunteers, media and communications professionals and other experts in these efforts. See the chapter entitled "Engaging the Public" for more information.

Continuous Leadership Development

Successful initiatives involve stakeholders with diverse backgrounds, who often have very different levels of knowledge and different ideas about current early childhood systems and what changes are needed. These stakeholders also often represent different institutional and ethnic cultures, as well as diverse economic and educational backgrounds—thereby increasing an initiative's need for sensitive and responsive leadership.

Some leaders fall into the trap of thinking that it is easier to do everything themselves, rather than taking time to orient, educate and nurture new leaders. "Doing it all," however, not only leads to burn-out, but can also exclude or alienate potential supporters—which is counter-productive to long-term success. Sue Creech points out:

> Leadership development requires a significant investment of time and effort at every level. To nurture an enduring and successful initiative, you must make room for and encourage new leaders. This includes allowing new leaders to take on responsibilities and make mistakes.

Developing new leaders is essential during an initiative's planning phase. Not planning for new leadership development can sabotage an initiative once implementation of a new early childhood system begins. In addition, successful community mobilization initiatives usually result in new jobs that require qualified staffing. Community mobilization leaders throughout the country currently report a serious lack of competent applicants for these positions.

Basically, the issue of capable leadership is a matter of trust and respect. Successful community mobilization initiatives require that everyone involved risk losing total control by sharing decision making. Yet few stakeholders begin their participation with a willingness to allow individuals who may think very differently to have control. Each community must struggle with these issues for itself. But, as one veteran community mobilization leader says:

> If we create a system that is dependent on one core group of leaders, we have failed. Like with children, we must always be preparing to let an initiative go and take on a life of its own.

Ultimately, flexibility and willingness to change result from relationships. Effective initiative leaders must create a process that encourages relationship and trust-building among all stakeholders in order to sustain successful long term efforts.

Allowing Stakeholders to Make Decisions

Because community mobilization initiatives must include diverse stakeholders equitably in order to succeed, these stakeholders must be allowed to make the decisions, rather than merely serving as advisors. Momentum will be lost if stakeholders perceive their participation as merely window-dressing while a group of staff or a political or other leadership group makes the "really important" decisions.

It is important for community mobilization leaders to assure that stakeholders:

- set goals collaboratively;
- develop a sense of ownership of the change process; and
- recognize and respect their collective expertise.

Assessing and Celebrating Accomplishments

Assessing progress and celebrating accomplishments are also essential to maintaining momentum. Community mobilization leaders should include the assessment and celebration process as an ongoing part of any initiative. As noted in *Together We Can*[1]:

> Celebrations recognize the achievements of the collaborative and give partners renewed energy and enthusiasm. Some celebrations will be small and include only key partners; others will warrant inviting the entire collaborative or the community. Celebrations—either private or public—will allow collaborators and staff members to take time to congratulate themselves, use their successes to make a case to the community, reflect on the path to the present, and ponder future challenges in creating a profamily system.

See also the chapter "Assessing Results" for more information about this important topic.

3.

How do political timetables affect the timing of state-level change initiatives?

Because systemic change usually takes place in a political environment, it is easy for initiatives to be rushed to achieve a political, rather than a programmatic, agenda. Effective community mobilization initiatives recognize this pattern and must plan accordingly to maintain momentum.

Susan Ignelzi believes that:

> It appears that the most fertile periods for change at the state level often occur at the beginning and end of gubernatorial terms. In the first two years, she notes, a governor is focused on programs that will build support for a successful reelection campaign in the last two years of the first term. Once reelected, a governor is likely to use his or her last two second-term years to take the most dramatic steps to assure that his or her policies will endure.

4.

How can initiative leaders balance planning, or "process," with action?

Leaders and stakeholders involved in community mobilization initiatives have varying degrees of tolerance for processes versus concrete products and immediate action. This is true across sectors and among diverse personalities.

For example, when a community mobilization initiative is led by both government and business leaders, the business representatives are often frustrated by what they perceive to be the slow-moving wheels of government. On the other hand, government leaders may become frustrated with business leaders who want to move ahead without time-consuming, but necessary, broad constituent involvement efforts. Stakeholders in all sectors are tired of developing plans that sit on a shelf.

Balancing the right amount of process with action and concrete accomplishments to sustain community mobilization initiatives is one of the most critical challenges facing leaders. Most initiative leaders acknowledge that achieving this balance is a continuous effort.

Rachel Goldman, a former member of Kansas City's Metropolitan Council on Child Care and EQUIP Advisory Committee, says:

> Finding the balance between process and product continues to challenge our work. The only way we can address it is by figuring out how to communicate our vision, goals and issues in ways that touch the broader community. Planning is often seen as an abstract activity with little connection to the individual lives of young children and their families.

Some community mobilization leaders have organized initiative activities so that there are both short- and long-term tasks to accomplish. This kind of schedule accommodates stakeholders' diverse needs and availability. Other leaders have addressed this issue by practicing the art of community mobilization. That is, they carefully choreograph when various stakeholders are involved in order to accommodate stakeholders' diverse skills, talents, and tolerance for process and action.

For example, you may want to ask the busy ad agency executive who volunteers to help develop an ad campaign promoting your initiative's vision to begin her work activities after the community has agreed upon its vision. Then she won't become frustrated by a long series of vision and goal-setting discussions. She will also be able to do a better job because you will be providing her with the information she needs at the "right" time to build support for the vision.

5.

What does measuring progress and results have to do with maintaining momentum?

Regularly measuring progress and results is another essential ingredient for maintaining momentum. This process not only allows you to continually assess the current progress of your initiative and refine your plans accordingly, but it also enables you and stakeholders to recognize your collective accomplishments over time. Remember, nothing inspires continued effort like success. The chapter "Assessing Results" includes more detailed information on this important topic.

If you don't regularly evaluate your efforts and adjust your plans, it is easy to drift off course. When this happens, stakeholders tend to lose interest or find that other activities become a higher priority.

MAINTAINING MOMENTUM

Successful Strategies

Experienced leaders of successful community mobilization initiatives have developed a variety of strategies for maintaining momentum. They advise that momentum can be maintained if you:

- create ways to continuously acknowledge and celebrate success. Come up with ways to continuously assess and acknowledge the efforts of champions, stakeholders, staff, and leaders, and celebrate the success of the initiative.This can be accomplished with strategies such as:
  - giving out well-publicized community awards;
  - establishing short-term, interim goals and celebrating their achievement with community events; and
  - enabling partners to change roles and assignments often to sustain their long-term interest and engagement.

- convene and reconvene committees or task forces as tasks are completed and goals are accomplished. This enables participants to experience the completion of a task, even if they come back together with the same people to work on the next one;

- keep everyone's eyes on the prize through ongoing, effective communication about the vision and goals of the initiative. Remind stakeholders time and time again that their involvement is welcome and needed because they're "making a difference" in the lives of young children and their families;

- give important titles and appropriate jobs to stakeholders so that they feel they are really needed. Make an effort to understand, respect and accommodate the diverse cultures, perspectives, talents and limitations of all stakeholders;

- take the time to educate staff members, volunteers, stakeholders and leaders about the initiative, and give them opportunities to "try their wings." They may not have the professional background and/or experience that you and your colleagues are bringing to the cause, but their involvement shows good intention. Use common sense about when it is best to "educate" them on the how, what, when, where, and why of handling various situations that arise at the initiative. Your ongoing efforts to bring everyone along are essential for the success of the initiative;

- create a balance between process and concrete action. Get to know which stakeholders are comfortable with planning and which ones need to experience direct results. Develop tasks and assignments accordingly;

- establish benchmarks and other tools for frequently assessing results. Publicize and celebrate progress and results often;

- create a process that is inclusive and that values different levels of contribution to the process. Create opportunities for stakeholders to get to know and enjoy each other, and to value each other's perspectives and expertise. Create opportunities for both long-term and "done in a day" participation. For example, some stakeholders may want to take on long-term assignments, such as chairing or serving on a public awareness committee. Other stakeholders may be better able to contribute an afternoon's consultation on media strategies;

- deepen the collaborative culture among stakeholders. Take the time to get to know stakeholders at both the professional and personal levels. If you know why stakeholders are involved, what they enjoy, and what they can and can not do, you will be better able to find ways to make them feel successful. Not only does success build success, but it also builds and sustains momentum;

- develop long-range financing strategies to use existing resources more efficiently and to generate new and enduring resources for enhanced early childhood systems. Having the resources you need to achieve your vision will definitely contribute to momentum. The chapter "Financing Early Childhood Supports and Services" addresses this topic in greater detail;

- design governance structures that are community-driven and capable of maintaining the new system. Also see the chapter "Re-Forming Communities to Serve Families of Young Chidren: A Continuum of Change" for more information on creating collaborative structures. A governance structure that values community and stakeholder participation will support continued system development;

- build and maintain a community constituency by developing a plan to market your vision and goals. Without such a plan, it will be difficult to build the broad community support needed to implement an initiative's vision. Stakeholders in the advertising/public relations field and others whose businesses depend on advertising will be a terrific resource. Newspaper publishers, magazine writers, and so on, will also help you get the word out.

- facilitate ongoing communication among initiative leaders and the public. Even negative press can stimulate action. Momentum is lost when communication about an initiative's goals and activities ceases;

- focus on implementation, even when it involves risks. It's okay to make mistakes and sometimes it is better to act than to plan;

- acknowledge and celebrate past and current leaders. Serving as the leader of a community mobilization initiative is a time-consuming and challenging role. Often, leaders perform this role as volunteers, in addition to handling their family and work responsibilities. It is common for community mobilization participants to assume that leaders already know what their contributions are and don't need public or private appreciation. This assumption is usually untrue and contributes to leader *burn out*, which inevitably slows momentum; and

- count on and plan for the "serendipity factor." Momentum often builds and continues when fueled by unexpected opportunities that arise as mobilization and system change efforts progress. It is critical that community mobilization leaders recognize and take advantage of these opportunities.

And, last but not least, community mobilization leaders throughout the country agree that it is critical to maintain a sense of humor.

Finally, it is important to acknowledge and celebrate past and current leaders. Serving as the leader of a community mobilization initiative is a time-consuming and challenging role. Often, leaders perform this role as volunteers, in addition to handling their family and work responsibilities. It is common for community mobilization participants to assume that leaders already know what their contributions are and don't need public or private appreciation. This assumption is usually untrue and contributes to leader *burn out*, which inevitably slows momentum.

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Maintaining Momentum Checklist

Use this checklist as a meeting agenda or simply to help stimulate thinking and/or discussion about how you will maintain the momentum of your initiative.

1. How will we continuously acknowledge the efforts of our champions, stakeholders, staff, and leaders, and celebrate the initiative's success?
2. What committees should we convene and/or reconvene as tasks are completed and goals are accomplished?
3. How will we maintain ongoing, effective communication about the vision and goals of the initiative with everyone involved?
4. What titles and jobs are appropriate for various stakeholders?
5. How will we nurture and mentor new leaders and staff?
6. How will we achieve a balance between process and concrete action?
7. How will we establish benchmarks and other tools for frequently assessing progress and results?
8. How will we assure that our efforts are inclusive and embrace different perspectives and levels of contribution to the process?
9. How will we deepen the collaborative culture among initiative partners?
10. How will we develop long-range financing strategies to use existing resources more efficiently and to generate new and enduring resources for enhanced early childhood systems?
11. How will we create early childhood system structures that are community-driven and able to maintain the new system?
12. How will we communicate our vision and goals to thecommunity?
13. How will we facilitate ongoing communication with the public and take advantage of negative media attention?
14. How will we know when to focus on implementation?
15. How will we incorporate the "serendipity factor" in our initiative?

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Chapter 8

Financing Early Childhood Supports and Services

FINANCING

Introduction

We thank Cheryl D. Hayes, Executive Director of the Finance Project, for contributing this chapter.

Ensuring that children enter school ready to learn is a well-established national goal. Yet policymakers, professionals, and parents themselves express growing concern about the well-being of young children and their families. Dramatic changes over the past three decades in American families and the economy have increased the demand for public investments in early childhood supports and services. Yet policies and programs to provide care for children with parents in the paid labor force and to enhance youngsters' healthy development by encouraging social and intellectual readiness for school have lacked both consistency in vision and the sustained commitment of the public and private sectors. As a consequence, supports and services for families with young children have been fragmented, inequitable, and often of poor quality.

In the absence of a clear and cohesive public policy for young children and families, a large number of separate and uncoordinated federal programs have been established to meet narrowly-defined child health, family support and early care and education needs. States, local governments, and private community groups have in turn created their own initiatives. Their commitments have varied from deep-seated and durable to sporadic and short-lived.[1] As a consequence, an army of private service providers—some regulated and licensed, others not—has also emerged. The result has been a plethora of narrowly-defined and unconnected programs with few controls, few mechanisms for organization, and little coordination.[2] Those who provide early childhood supports and services are more likely to compete rather than collaborate for limited public and private sector support.

The manner in which funds for young children and their families are generated and channeled to communities significantly affects the nature of supports and services available, as well as the manner in which these supports and services are provided, how well they are linked with other resources in the community, and who gains from the resources.[3] The bulk of public funding for early care and education, health and social services for young children and their families is categorical. Narrowly defined funding streams tend to support highly specialized activities and specifically defined eligible populations. Likewise, business, philanthropic and other private initiatives to improve the quality and accessibility of health, family support and early care and education services are often narrowly-targeted, short-term, and uncoordinated. As pressure mounts for states and communities to meet the growing demand for services that are reasonably priced for taxpayers, employers, and families, there is also a growing sense of urgency to find improved ways to finance these essential community services.

This chapter describes the current early childhood landscape, including some examples of promising approaches and innovative financing strategies. It also enumerates the advantages and disadvantages of certain approaches while providing advice and resources for community mobilization leaders who plan to address financing as part of their work.

FINANCING

Financing Strategies: The Current Landscape and Promising Approaches

Pressures on State and Local Budgets are Expected to Increase

Although many states and communities are in the best financial shape they have been in for years, changing economic, demographic and political conditions will create significant fiscal and budgetary pressures during the remainder of the decade and beyond.[1] Economic growth is slowing, and a shifting tax base is capturing less of the growth in revenues. Rising school enrollments, a large number of low-income children and families with special needs, and a rapidly increasing elderly population are placing heavier demands on public systems and resources. Rapid growth in some areas of public spending—for example, Medicaid and corrections—is making it more difficult to adequately fund other areas, including community-based health support, family aid, and early care and education services for young children and families. With the establishment of welfare block grants, federal aid to states and communities is expected to decline in the years ahead.

In addition to state and local fiscal and budgetary pressures, changes in major federal welfare policies and programs will intensify the challenges to implement, finance, and sustain community supports and services for young children and their families in the years ahead. Welfare reform is likely to have especially significant implications for states' and communities' strategies for funding early care and education, child health and family support services.

In the summer of 1996, after months of deliberation, Congress and President Clinton agreed to a plan for overhauling the nation's welfare system to create greater incentives for work, personal responsibility, and economic self-sufficiency. At the time this book went to press, the full provisions of the new law was not yet in effect. Under the new law, states will have greater autonomy to design and operate programs to meet the needs of their low-income families with children. They will also have less federal aid to pay for supports and services. States will be able to increase the employment and training obligations of welfare recipients, including those of mothers with very young children. As a consequence, early care and education funding has emerged as a critical issue that will have significant implications for state and local budgets. Despite last minute changes to increase federal funding to enable parents on welfare to participate in education, training, and employment, it is unlikely that this bill will fully meet the increased demand for early care and education services nationwide. It is also unlikely that the Congress or the states will legislate requirements that the care which is provided be of high quality. It now seems clear that states, localities, and private community groups will face serious pressure in the coming years to increase outlays for early childhood supports and services, especially for low-income families.

In addition to these demographic, economic, and political factors that create new budgetary pressures, most states must now operate under balanced budget requirements. They may not run a deficit or borrow money to support public spending. This creates an added constraint that is even more severe when states and communities experience economic downturns or periods of high inflation and slow economic growth. As a consequence, many state and local elected officials will be faced with difficult political choices in coming years. As they strive to meet the growing demand for high quality, affordable supports and services that promote healthy development and school readiness, they will be forced to directly confront the issue of whether and how to fill expected revenue gaps.

For many, this will mean considering strategies to increase revenue by increasing property, personal income, business, and sales taxes at a time when there is growing hostility to tax increases of any sort. It will also add momentum to the movement to rethink the traditional categorical service delivery system and create more holistic, comprehensive, community-based systems of support for children and families. Such reforms hold the promise of achieving greater efficiency in the delivery of services and of more effectively addressing the multiple and interrelated needs of children and families.[5] These reforms also argue for considering financing in the context of a broad array of related supports and services for young children and their families, rather than financing separate domains of service delivery that compete with one another for funding.

States and Communities Face Special Challenges

In this rapidly changing policy environment, public and private sector leaders are struggling to redefine the roles and responsibilities of government at all levels, and in many cases, to do a better job with less public funding. Improving strategies for financing early childhood supports and services has, therefore, become an important priority in a number of states and communities.[6] And addressing this financing challenge requires support and participation from employers, service providers, educators, and parents, as well as government.

States and communities striving to align their financing strategies with their policy and program reform goals face a number of special challenges:

- Ensuring adequate funding for early care and education. Early care and education is needed by families across the income spectrum and throughout every community. Meeting the demand for these services has become a significant economic and labor force issue, as well as a child development and education issue. The lack of adequate funding from public and private sources to make quality early care and education available and affordable to all families who need and want it is a critical problem for communities, employers, families, and children. Finding ways to generate new sources of revenue to support early care and education in an era of fiscal constraints is a major challenge.

- Creating greater funding flexibility to enable communities to create comprehensive support systems. In order to more closely match public and private sector funding with community priorities for young children and their families, many states are seeking ways to create greater funding flexibility that enables communities to build comprehensive support systems tailored to their own needs. In the process, they are creating new governance and financing arrangements that give community groups a stronger voice in design and allocation decisions. Finding the appropriate balance between flexibility and accountability, universal community needs and the needs of special target populations while assuring quality and equity among services for families is a significant challenge to these reforms.

- Designing financing strategies to achieve desired results for children, families, and communities. States and communities are under growing pressure to improve their education, health care, and human service systems, and to do so at reasonable costs to taxpayers. As policymakers, program managers, and service providers take steps to respond to these pressures, it is increasingly important for them to more closely align revenue generation with current priorities, focus allocation decisions on desired results, and achieve a better return on public and private sector investments in children, families, and communities. The economic rationale for investing in quality early childhood supports and services has become a familiar mantra among advocates for young children and their families. Yet, the goal of linking early childhood planning, budgeting, program management, and accountability to desired results is discussed far more than it is practiced.

- Building state and community capacity to implement improved financing strategies. With block grants, the federal government is taking rapid and dramatic steps to shift responsibility for designing, operating, and funding supports and services for children and families to the states. States, in turn, are shifting more responsibility to counties and cities. As this realignment takes place, states and communities need to build new fiscal, administrative, and management capacities. These changes will require states and communities to increase their knowledge and technical capability in order to: weigh options for generating new revenue; reform their planning, budgeting, and accountability systems and, finally, create more comprehensive community support systems for young children and their families. They will require investments in building new management and administrative structures, policies and practices to implement reforms, including new information systems, professional development, staff retraining, and streamlining agency processes and procedures. Since most early childhood professionals have not been trained in financial management and lack the knowledge and experience to think broadly or creatively about strategies to improve financing for early childhood supports and services, this presents a significant challenge. Moreover, effective change requires building new partnerships among state and local governments, businesses, and the philanthropic community to marshal the necessary resources to design systems that serve young children and their families more equitably and effectively.

- Building public and political support for financing reforms. Improving supports and services for young children and their families challenges policymakers, program managers, and early childhood professionals to rethink their usual ways of doing business. It also challenges voters and taxpayers, businesses, government and community leaders to make new plans to recognize and fund public needs. Strong leadership is needed at the state and community level to foster change and to build the necessary base of political support to ensure the permanence of these changes. Some of the most critical steps in this process include:
  - clearly defining the need and purpose of finance reform strategies;
  - promoting public understanding of the issues;
  - engaging the public in discussions about potential solutions;
  - garnering political support;
  - developing winning political strategies; and
  - winning public and political endorsement.

Effectively taking these steps requires the active involvement of key individuals and groups within and outside of government, in the business and professional communities, and in relevant civic, religious, and other organizations. It also requires working effectively with the media. See "Engaging the Public" for more information on this topic.

Fiscal and Budgetary Pressures Fuel Innovation

Among many state and local leaders there is a growing sense of urgency about the need to find new and better ways to finance supports and services for childden and families. Of special concern is the issue of whether and how to generate sufficient state and local revenue to fill the gaps that will inevitably result from reductions in federal aid. Recent work by The Finance Project[7] and by Stoney and Mitchell[8] suggests that some states and communities are taking steps to increase and more effectively allocate public and private sector resources for young children and families. These include revenue reform strategies and establishing public-private partnerships.

Revenue Reform Strategies

Public and private sector leaders looking for new ways to preserve and enhance public funding for early childhood supports and services are considering a variety of strategies to reform current state and local revenue strategies. These include a broad array of efforts to broaden existing tax bases, align tax policies with changing economic and demographic conditions, diversify and balance tax systems to capture new revenue, and preserve the yield from existing taxes by better targeting tax benefits and tax relief.

When reviewing these alternative strategies, it is important to remember that state and local governments, like businesses, are all different. They have unique histories, traditions, cultures and needs. There are no universal remedies, prescriptive recipes or detailed instructions to guarantee success in generating new revenue. Measures which may work well to effectively raise new public dollars for early childhood supports and services in one jurisdiction may be ineffective or even harmful in another.[9]

It is also important to remember that most state and local revenue used for early childhood supports and services comes from general funds that are raised from income, property and sales taxes, as well as users fees. This means that there are no guarantees that increased revenue for state and local governments will automatically provide more money for early childhood supports and services. Children's advocates must continue to make a strong budgetary case for their share of any and all revenues. Whether advocates are successful in securing more resources depends on the strength of their claims relative to other competing interests.[10]

Expanding The State And Local Revenue Base

In recent years, demographic and economic changes have caused shifts in the tax base in many states and localities. Shifts such as the changing balance of economic activity from manufacturing and agriculture to services, and the aging of the population have made it more difficult for state and local governments to generate increasing tax revenue from their current sales, income, and property tax bases. As a consequence, many states are considering options for expanding their tax bases. Among these options are:

- increasing the array of goods and services for which sales taxes are charged (e.g., clothing, medicines, utilities, cable television, professional services) and reducing the number of exemptions from these types of taxes;

- adjusting income tax bases by reducing exemptions, deductions, exclusions and credits to businesses and individuals;

- limiting exclusions to the property tax base (e.g., property for public and personal use and property exempted to provide development incentives); and

- aligning tax policies with changing economic and demographic conditions.

Many state and local leaders are finding that they can generate more revenue by making administrative changes which keep tax systems up-to-date with changing demographic and economic conditions, and that impose taxes on inter-state, multi-state, and not previously taxed international business activity. Such reforms are attractive because they can yield large amounts of new revenue without actually imposing new taxes or raising tax rates. Among these reforms are:

- keeping property tax assessments current with market values;
- collecting sales taxes on inter-state transactions (e.g., goods bought in one state and shipped to another and goods purchased from catalogs, telemarketing, and the Internet);
- re-examining tax abatements granted to start-up businesses or to encourage commercial operations in a particular location; and
- imposing taxes on profits generated by multi-state and multi-national businesses in other jurisdictions.

Diversifying and balancing tax systems to capture new revenue

As states review their revenue systems, many have found that the income from the three primary tax sources—sales, income, and property taxes—is unbalanced, causing them to rely more heavily on one or another form of taxation to generate necessary revenues. Because some taxes are more sensitive to economic ups and downs (e.g., sales and income taxes), and, at times, some taxes are unpopular with taxpayers (e.g., property taxes), achieving a balance between tax sources becomes important in efforts to maximize fundraising potential. Although some states deliberately choose to have unbalanced systems (e.g., states like Florida and Texas with no state income tax and states with no sales taxes), most states and localities are better off with more balanced systems.[11] Among the strategies states are pursuing to diversify and balance their tax systems are:

- adding new broad-based taxes;
- imposing selective local taxes (e.g., taxes on particular utilities);
- charging fees for services (e.g., licensing fees, user fees); and
- introducing lotteries and gaming fees.

Adding a new, broad-based tax can be an appealing alternative when states and local governments look for new revenue sources to support essential services. Despite the current political hostility to tax increases generally, some state and local governments that have not instituted income or retail sales taxes of their own are looking to these sources to augment their revenues. Connecticut, for example, a state which historically has not had an income tax, recently added a broad-based income tax to make its revenue system less sensitive to changes in the economy and more attractive to business. As a part of this reform, Connecticut also reduced taxes on retail sales and broadened the sales tax base, reduced the previously high corporate tax surcharge, and reduced a narrow tax on "unearned" income.

Similarly, Michigan recently increased its state sales tax and reduced reliance on property taxes to pay for education. Because of its sensitivity to economic volatility, experts argue about the wisdom of relying on the sales tax to fund education. Yet, the overall goal of achieving a better balance in a state tax system is a worthwhile one.

Licensing and user fees have also become a popular new strategy for generating revenues in a number of states and localities, in part because these fees are easier to establish than new taxes. Charging fees for public services is most effective when the purchaser is the primary beneficiary of the service. Thus, for example, Virginia has a child care licensing fee that is paid annually by every child care center and family day care provider. These fees, which vary in amount, depending on the licensed capacity of the center or family day care home, are used to support training, technical assistance, and curricular materials for child care providers.

Targeting tax relief

States and localities often provide tax relief to particular groups of taxpayers to accomplish social and economic policy goals. In the process, they also give up certain revenue by exempting individuals and businesses from taxes which would otherwise be owed. To increase the yield from particular revenue sources and ensure that tax policies match social and economic priorities, many state and local governments are reviewing and tightening up the provisions by which they provide tax relief. Among the strategies being used are:

- limiting property tax relief (e.g., homestead exemptions, senior citizen discounts) and imposing "circuit breakers" that link the property tax burden to the property tax owner's income level;
- reducing income tax benefits to higher income taxpayers (e.g., exemptions, child care tax credits); and
- targeting sales tax relief on essential goods and services (e.g., food, prescriptions) to low- and moderate-income families, by charging the tax at the point of purchase and then providing a fully-refundable tax credit for purchases made by those families.

Earmarking

Some advocates have long argued in favor of dedicated revenue sources for children's services generally, as well as for particular services, such as early care and education. The idea of funding an expansion of early care and education with a federal payroll tax, for example, surfaces periodically, though it has never gained wide political support. At the state and local level, advocates have also sought and won some earmarked revenues for young children. Recently, for example, Colorado passed legislation to create an income tax check off, enabling state taxpayers to direct a portion of their tax payment to support an early care and education quality improvement fund. In San Francisco, Proposition J sets local revenues aside for children. In many states, funds from gaming and lotteries go directly to increase school budgets. Recent legislation in Massachusetts established a special children's license plate, with proceeds going to a statewide early care and education quality improvement fund. Although in some cases earmarking results in overall increases in state and local revenues, it is more often a way of dedicating a portion of funds from general revenue streams for specific children's services in the budget process.

Earmarking is attractive because it enforces the benefit principle—that is, the belief that those who benefit from a public service should help pay for the service. For example, to the extent that investments in early care and education are a public good in the same way that K-12 education is, the costs should be widely shared. In addition, earmarking assures a minimum level of support and continuity of funding for specific services, and can be a way to induce the public to support new or increased taxes.[12]

However, earmarking also has several potentially negative downsides which children's advocates sometimes overlook. Earmarking hampers legislatures' budgetary control by removing revenues and expenditures from the normal review that occurs in the appropriations process. It also reduces the flexibility of the revenue structure and makes it difficult to adapt budgets to changing economic conditions and public priorities. Moreover, it often does not result in higher revenue levels over an extended period of time. Though in the short run earmarking does typically increase the amount of public dollars that are available for the designated service, over time earmarked revenues often become a substitute for rather than a supplement to general appropriations. This decline seems to occur even when proponents succeed in attaching requirements that the funds should be a supplement to the previous spending level. Moreover, earmarking may even have the perverse effect of decreasing funding for the desired purpose, especially if the fund grows at a relatively slow rate or not at all. If state legislators feel they have already 'done their bit' for children by sanctioning an earmarked fund, they may be less likely to make a concerted effort to meet the budgetary needs for childhood services and supports in the normal appropriations process.[13]

Among the most common types of earmarked sources for children are children's trust funds. These funds are typically financed by income or sales taxes and/or users fees. The Missouri Children's Trust Fund, for example, is supported by an income tax checkoff and a $15 fee on marriage licenses. When it was established, it also received a $3 fee on birth and death certificates. Since its establishment in 1989, the amount of revenue going to the fund from the voluntary checkoff has declined by two-thirds. As a result, state legislators and others are now reconsidering whether to continue the fund at all.[14]

Children's Trust Fund

State of Missouri

The Missouri Children's Trust Fund was established in 1983 by the Missouri legislature as a non-profit organization to prevent child abuse and neglect. The Trust Fund provides grants to local community initiatives to help fund primary and secondary prevention services, including family support, respite care, and therapeutic child care. Grants are awarded through a competitive application process. The Trust Fund is targeted toward children and families generally, with special focus on children from birth to seven years, and at-risk families.

The Fund receives no general state revenue, but receives its income from four main sources: a marriage license fee surcharge, a vital records fee surcharge, an income tax checkoff, and interest earned on reserves. In 1992, however, the legislature passed a law that would decentralize birth and death records. This decentralization will curtail the fund's receipt of fees associated with these records. Within a few years, individual counties will collect and retain these fees in exchange for providing the certificates. For the first time, in 1995, the fund received a federal grant for prevention programs.

Florida's Children's Service Districts

> Special districts can be a revolution for children. While they do not empower children, they empower an instrumentality that speaks on behalf of children.
>
> —James E. Mills, Executive Director
> Pinellas County Juvenile Welfare Board

One type of earmarked revenue source that may possess the potential for increasing local funding for early childhood supports and services over time is the special taxing district. Special taxing districts are independent, limited-purpose local government units that are administratively and fiscally independent from general-purpose local governments. Typically, these districts are established to provide specific services that are not being supplied by existing county or city governments. In the United States today, there are some 83,000 special districts. Most are involved with fire protection, housing and community development, or natural resources.

There is, however, growing interest in using special taxing districts to meet the special needs of children and families. Two Florida counties, Pinellas and Palm Beach, have established special taxing districts for children. Their sole purpose is to plan, coordinate, fund, and evaluate programs to address the needs of children in these jurisdictions. Funding for the districts comes from a tax assessment of up to one-half million ($.50 per $1,000 of non-exempt valuation) on the local property tax. Funds are administered by a local children's services council that sets priorities and contracts with local providers for services. In Palm Beach County, the bulk of funding is currently used for early care and education. The strength of the special taxing district, when compared to other earmarked revenue sources, is that it is highly responsive to local needs and priorities. Because it is not a state revenue source, it is not subject to the shifting political sands of most state legislatures, and it is not held hostage to the annual appropriations process. Moreover, because it is not dependent on a voluntary designation and is attached to property taxes that are based on annual reassessments, it is a revenue source that continues to grow and keep pace with the local economy. Unless they are discontinued by referendums on the local ballots, these special taxing districts will exist into perpetuity for the benefit of children in these counties.

The state of Florida has given local communities the ability to create special taxing districts to finance special services for children and their families. Enacted in the mid-1980s, this strategy was sparked in part by the demonstrated success of the Juvenile Welfare Board of Pinellas County in raising funds for quality children's services. Since the 1940s, the historic Juvenile Welfare Services Bill has granted communities the right to create and raise revenues specifically for children's services.

Pinellas County's Juvenile Welfare Board

The Pinellas County's Juvenile Welfare Board was created in 1946 following a special act of the Florida State Legislature. This act allowed the residents of the county to create a special district for children and levy a tax subject to a referendum. Although the enabling legislation only made provisions for the formation of such a board in Pinellas County, the success of the district, coupled with the desire of many Florida residents to find new arrangements for providing and financing needed supports and services laid an important cornerstone for the passage of future legislation. Now in its fifth decade, the Juvenile Welfare Board plans and contracts for the delivery of numerous services to more than 80,000 children. While not a direct service provider, the board contracts for the delivery of almost 70 programs operated through scores of agencies. It also serves as a planning agency, focusing and coordinating the efforts of numerous organizations providing services to county children.

Palm Beach County's Children's Service Council

The success of the Pinellas County's Juvenile Welfare Board prompted other child advocates to explore the possibilities of creating special independent districts. In the late 1980s, citizens of Palm Beach County created the Children's Services Council, an independent, special district of local government whose sole purpose is to "plan, coordinate, fund, and evaluate programs, and to address public policy issues relating to children in Palm Beach County."[15] The creation of this district followed passage of a state law empowering Florida counties to create independent special districts for children's services and the passage of a county referendum granting the district the authority to levy up to one-half million in property taxes to support its activities. The district's initial funding priorities included substance abuse, education, recreation, child care, juvenile justice, health, developmental disabilities, and dependency programs.

Strategies to Create Public-Private Partnerships

As the demand for early childhood supports and services continues to increase throughout the decade and beyond, there are increasing signs that the fiscal capacity of government at all levels will be inadequate to meet the rising costs. Although families and service providers have always borne a substantial share of the costs of these services, there are new and powerful incentives for employers and other private sector groups to become funding partners. One of the significant benefits of increased private sector involvement in developing new, creative financing strategies has been their ability to help shift from a narrow focus on annual public appropriations for services to a broader perspective that includes long-term investments in human capital and economic development in the communities where children and families live.

The concept of public-private partnerships has many dimensions and can assume many forms. Some partnerships include business involvement in efforts to mobilize communities to expand and improve the quality of the supply of early care and education.

In a growing number of states and communities, for example, businesses are lending their financial expertise, along with their political influence to design and implement new financing strategies. Although these efforts have focused almost exclusively on early care and education, their strategic promise can also be applied to broader, comprehensive systems of early childhood services and supports.

For example, an Indiana Symposium on Child Care Financing was held in November 1995, with support from 25 corporate sponsors. Another symposium is planned for October 1996. These efforts have led to a new Indiana Child Care Fund, the production of a public awareness video, *The Business Case—A Reason to Care*, and publication of an *Indiana Guide to Child Care Financing Strategies*. The lobbying efforts of corporate leaders involved in United Way of the Massachusetts Bay Success by Six Initiative succeeded in securing new health, early care and education and services quality improvement resources in that state. Additional initiatives of this sort are described in "Involving Business."

In addition, many promising new strategies for financing early childhood supports and services are resulting from public-private efforts to build the capacity of communities to design, initiate, and operate services that meet their needs. The movement toward neighborhood-based community development began more than a generation ago. It came from a desire by residents, especially those in economically depressed areas, to shape the economic, physical, and social life of their communities. Community development corporations, bankers, foundations, and local corporations have all lent a hand through the formation of partnerships that pool funds and expertise for local development initiatives to help neighborhoods help themselves. Many of these initiatives have not only created specialized supports and services in response to local needs, but they have begun to build comprehensive, community support systems that effectively link resources throughout the community, including those focused on young children and their families.

Leveraging private resources for community development

In 1977, Congress passed the Community Reinvestment Act, requiring financial institutions to help meet the credit needs of the communities in which they operate. This law provided a strong incentive for banks as well as savings and loans across the country to begin examining opportunities to realize substantial returns by investing in community development initiatives. These initiatives included such projects as building and renovating housing, launching small businesses and providing much needed health and social services. Through community development corporations (CDCs)—partnerships with government, foundations, and community organizations—financial institutions have been able to identify promising projects that meet the communities' reinvestment goals and return a profit for the lenders. The partnerships provide a means for financial institutions to gain the knowledge necessary to weigh alternative development opportunities and to manage community investments effectively. Community development lending is not without risks. However, by diversifying the funding base, these partnerships help diffuse the risk to any one lender and, in the process, they give a wide range of participants (e.g. foundations, local corporations, professional service providers, and community residents) a stake in the success of the enterprise. To the extent that these partnerships also help stabilize communities and increase property values, they also enhance banks' returns on investments.

Private foundations and philanthropies have a long history of funding community development projects. Yet the advent of CDCs offers the potential for a more comprehensive approach to community revitalization and can increase the impact and effectiveness of grant-making. By pooling funding from a number of public and private sources, partnerships enable foundations to leverage their investments and multiply the benefits of their contributions. They also help community development corporations become better managed organizations by drawing on the fiscal, administrative, and management expertise of the other partner organizations. Moreover, in several communities, these public-private partnerships have been an effective vehicle for bridging the gap between public and private non-profit funding. By joining government and foundation resources, they have provided the necessary impetus to help CDCs secure new and larger funding from banks and corporations.

With the help of outside organizations like the Local Initiatives Support Corporation (LISC) and the Head Start Association, public-private partnerships for community development are now becoming active in efforts to help meet the growing demand for early care and education by financing the building and renovation of facilities for these programs. Through these collaborations, CDCs are able to gain access to financing for capital investments and work directly with child development experts in designing quality early childhood centers. In some cases, these facilities are created for the sole purpose of providing early care and education; in others, they are designed and built as comprehensive, neighborhood family centers that provide an array of supports and services for young children and their families. In addition to offering a way to finance the construction or reconstruction of buildings and playgrounds, the partnerships can also prove instrumental in setting standards and providing training and technical assistance to improve the quality of the programs that are already housed in these facilities.

The National Child Care Facilities Demonstration

The National Child Care Facilities Demonstration is a partnership between the Local Initiatives Support Corporation (LISC) and the National Head Start Association (NHSA) and is designed to build or renovate up to ten child care facilities in selected high-need communities across the country. Created to respond to the growing need for quality child care facilities in low-income neighborhoods, this partnership combines the real estate development expertise of community development corporations (CDCs) with the program expertise of local early childhood providers.

The demonstration aims to encourage collaboration among CDCs and early childhood providers to create quality facilities while promoting greater self-sufficiency among residents in low-income communities. The project brings together diverse partners at the local, state and national level from the philanthropic, corporate and government sectors. Together, they address the needs of low-income children and families by identifying financing models that can be replicated in other sites.

Building on the expertise and national networks of both LISC and NHSA, the demonstration is facilitating local CDC-early childhood provider partnerships and will provide important technical assistance and training in areas such as site selection and development as well as project financing. Once selected, CDCs will employ their real estate expertise to locate and acquire sites, secure project financing and contract with a project development team to construct or renovate local facilities. Local Head Start and early care and education providers will work directly with their CDC counterparts to:

- provide information on child care demographics, funding streams, regulations and the developmental needs of young children;
- ensure that appropriate funds are secured; and,
- assure that the facility will adequately meet the needs of young children in the community.

The ambitious multi-year, multi-site demonstration is expected to proceed in several stages:

- *Preliminary work* included the building and strengthening of crucial relationships at the local and national levels, a review of current issues associated with facility development and the development of early childhood facilities in low income communities in one local community—New York City.
- *Feasibility and planning* activities will concentrate on initial site exploration. The demonstration leaders will assess the need, interest and ability of local LISC field staff, CDCs, early childhood providers, state and local governments and local funders to undertake the project. Project staff are conducting feasibility analyses across the nation, including the California Bay Area, Houston, Indianapolis, Little Rock, Miami, New Haven, Philadelphia, Richmond, Washington, DC, Seattle, and rural West Virginia.
- *Program implementation* will begin once sites are selected. The project pre-development phase will assist CDCs and early childhood programs to assess facilities sites and focus on site specific planning, developing architectural plans and appropriate financing packages. Technical assistance will also include reviewing deal structures and financing arrangements, identifying and securing necessary financial commitments including local and national grants and loans, and finalizing any necessary zoning and regulatory approvals. During the construction phase, LISC will provide technical assistance to CDC-child care provider partnerships to resolve any outstanding issues and problems.

While still in the feasibility and planning stages, this demonstration can provide important results for those interested in financing early care and education. In addition to creating new facilities, the demonstration will also gauge the ability of CDCs and early childhood providers to combine their knowledge, credibility and local constituencies to respond more creatively to the needs of low-income children and families. This approach is especially appealing in an evolving fiscal and program environment in which government resources targeted for low-income families are becoming increasingly scarce. Hopefully, the demonstration will assess the ability of local organizations to introduce more comprehensive neighborhood services for all families, through new partnerships that combine expertise with financing.

Creating comprehensive community support systems

Pressures to improve supports and services for young children and their families and make the most of scarce resources have fueled the movement toward creating more comprehensive community-based systems of support for young children and their families, including early care and education. In this area program development and financing have functioned a bit like the chicken and the egg dilemma: it is difficult to know which came first. Efforts to build more integrated systems of support that link formal services and other community resources require funding that is not constrained by highly restrictive, categorical program requirements. These concerns have spurred a number of strategies for creating flexible funding arrangements. At the same time, new and innovative financing strategies, including the creation of public-private partnerships for community-building and development, have become powerful vehicles for service delivery reform. The availability of pooled funding has advanced the design and development of comprehensive, community initiatives to meet the multiple and inter-related needs of children and their families.

Creating comprehensive community-based support systems typically requires blended funds from several sources. Current funding for these initiatives comes from a number of discrete federal, state, and local categorical funding streams, from federal entitlement funding, and from private corporate, philanthropic, and individual contributions. In many cases, foundation funding provides the impetus for launching these initiatives and the "glue" money for attracting and orchestrating funding from other highly specialized categorical funding streams. In most cases, however, foundation support is time-limited, and community groups face the challenge of finding ways to draw upon public funding sources and other community contributions (e.g., United Way support) to sustain their enterprises over the long term.[16] In addition to the community development partnerships discussed above, several other strategies are being explored and implemented to create more flexible funding:[17]

- State legislation and executive orders to de-categorize state-level funding streams. Several states have introduced or passed legislation to help coordinate and, in some cases, consolidate separate state-level funding streams to enable communities to create service arrangements that match the communities' own priorities.

- Pooled public funding arrangements. Several states have created funding pools that draw funds from a number of narrowly-targeted categorical programs to support comprehensive, community initiatives. Each state agency contributes a portion of the total program budget to the funding pool, and all share responsibility for decision making and oversight. Communities can apply to the state for funding to support comprehensive initiatives. Missouri's Caring Communities program, for example, pools funds from four state agencies to meet the multiple needs of high-risk children and families in several local communities.

- Cross-sector funding strategies. In many communities, comprehensive initiatives have grown out of community partnerships between public agencies and private community groups, businesses, and foundations. In many cases, the foundations have provided seed money to launch the community initiative while public program dollars support direct services and local corporations and professional firms (e.g., lawyers and accountants) provide in-kind support and technical assistance as well as financial contributions.

Success by Six, a collaborative school-readiness initiative pioneered in the Minneapolis area and adapted by the Northeast Nashville Family Resource Center and several other communities across the country, has formed public-private community partnerships to fund comprehensive supports and services for young children and their families. Success by Six was initiated by the Minneapolis area United Way, Honeywell Corporation, and the Children's Hospital. In Minneapolis and the other communities where the initiative is operating, it has attracted very broad partnerships among government, business, nonprofit providers, and the voluntary community. Similarly, as part of the United Way of Massachusetts Bay's Success by Six Initiative, bank presidents and other corporate leaders have successfully lobbied the state legislature for additional early childhood health and early care and education funds.

In New York City, the Agenda for Children Tomorrow (ACT) initiative is a joint initiative of the City of New York and a coalition of private corporate and non-profit organizations working in ten communities to create comprehensive services for children and their families.

Agenda for Children Tomorrow

New York City

Agenda for Children Tomorrow (ACT) is a public/private initiative in New York City established to promote an integrated, locally-based system of health and human services for children and families. ACT is a joint project of the City of New York and a coalition of non-profit organizations working to make social services more accessible at the neighborhood level, in part by locating multiple services in a single site (co-location). The services provided through ACT include health care, housing, child welfare, job training, mental health, youth services, and economic development.

ACT does not serve the entire New York City area, but currently serves ten communities. Each community involved in ACT develops a "local collaborative" which includes service providers, coalition leaders, city officials, community residents and others. The membership of these local collaboratives develop a plan for the community, highlighting ten achievable goals. The goals are determined by a needs assessment which is conducted for each site. The needs assessments document both strengths and weaknesses or problems in the community. Once the goals have been determined, ACT steps in to help local initiatives break through any bureaucratic red tape to achieve these goals. At each local site, a planner is jointly chosen by ACT and the community to help the collaborative to carry out its work.

One of the first sub-agencies to be engaged in working directly with ACT was New York City Human Resources Administration's (HRA) Agency for Child Development. ACT is also partners with HRA's Family Preservation Program and collaborates with New York State's neighborhood-based Alliance.

ACT is governed by an Oversight Committee and an Executive Committee. These committees are composed of half New York City government representatives and half other representatives. The Oversight Committee includes representatives from foundations and large voluntary service organizations, government and communities. The Executive Committee, which provides leadership, has one representative from each of the following constituencies: foundations, large social service organizations, a community-based organization, and the New York City government.

History

In January 1990, the ACT Implementation Project was authorized by David Dinkins, then mayor of New York City. The City has provided in-kind support, including space in the Mayor's Office for Children and Families since 1990. In-kind and financial support also has been provided by state agencies, private businesses, foundations and other non-profit organizations.

- Redeployment. In efforts to reshape the way current public funds are spent, several states and communities are experimenting with strategies to redeploy funds from highly specialized services and programs to more broad-based community supports and services. Many of these redeployment efforts also seek to devolve responsibility for the design and operation of services to neighborhood communities where leaders and residents want to do things differently. Kansas City's Local Investment Commission, for example, was established to serve as a local intermediary to facilitate more flexible and responsive uses of public resources to meet the needs and priorities of local neighborhoods. The commission, which comprises civic leaders, corporate and labor leaders, public agency officials, service providers, advocates and private citizens, has no programmatic or budgetary authority. It functions as an advisory body, and its influence in redirecting budget allocations from highly formalized categorical services to more flexible responses to neighborhood needs depends on its credibility within state and local government as well as within the community. Redeployment is also a focus of many state requests for waivers to use federal welfare funds to support investments in other community-based prevention activities. The state of Oregon, for example, recently received a federal waiver which allows the state to reinvest welfare reform related cost savings in community-based prevention activities. This year, $8 million will be used for this purpose.

Many comprehensive initiatives are financed through a combination of the above mentioned strategies. North Carolina's Smart Start initiative, which is described elsewhere in this book, is a comprehensive initiative designed to make early childhood education and support services available to any qualifying child under age six. The initiative also seeks to ensure that the state's early childhood programs and family services meet high quality standards. While Smart Start funds can be used to support a wide array of services for young children and their families, the bulk of resources are used for early care and education, immunizations and child health services, and family support services for low- and moderate-income families. Smart Start was proposed by the Governor and established by the General Assembly. In accordance with the law, the state legislature appropriates funds while the North Carolina Partnership for Children, a state-level public-private partnership established under the law, along with local partnerships must match ten percent of the annual appropriation. No more than five percent of the match can be in-kind contributions. The funds are distributed to counties through a competitive grant application process administered by the state-level partnership. To qualify, local applicants must establish private, non-profit partnership boards to set priorities (within the state framework), allocate funds, and coordinate and monitor local programs. Because decision making about the configuration of supports and services, the determination of eligibility for program participation, and monitoring is left to local discretion, there are significant variations among the local initiatives.

Expanding comprehensive service models to community-wide support systems will ultimately require decategorizing a large portion of public funding. It will also require that states create governance and fiscal structures that are flexible enough to allow public and private funds to be pooled. To date, only modest steps have been taken in this direction. Though many states are beginning to establish a statutory framework to support the creation and financing of comprehensive, community support systems, they have not succeeded in rechanneling the large, categorical funding streams that support most services for children and families. Inevitably, this process will be slow and require significant reforms in intergovernmental financing systems to accomplish the shift.

FINANCING

Advice

Community mobilization leaders who have worked to create financing strategies for new systems of early childhood services and supports offer the following advice to others who are beginning similar initiatives:

- Start with a vision of what you want the financing to support. Financing initiatives should be driven by a programmatic agenda.
- Think systemically, not categorically.
- Establish guiding principles or values that everyone involved agrees upon to shape sound financing decisions. For example, participants in one state effort agreed at the outset that all new financing strategies would:
    - be driven by a programmatic vision;
    - build on existing funding sources;
    - ensure a variety of approaches from public and private resources; and
    - strive for long term sustainability.
- Base financing work on sound data describing the current landscape and what is needed.
- Plan for building public will to support new financing strategies from the outset.
- Remember that new systems and financing mechanisms must assume and allow for mistakes.
- Understand that it is as important to stop funding ineffective programs and services as it is to create more resources for effective systems.
- Call on business partners to provide expertise rather than funding.
- Incorporate broad stakeholder participation from the outset. Respect and be responsive to the fact that a broad based stakeholder group represents diverse cultures that must be understood and accommodated.
- Create a process and structure that accommodate both leaders who wish to move quickly and those who prefer a more lengthy process.

FINANCING

Conclusion

With increasing pressure at all levels of government to control costs and improve the effectiveness and equity of supports and services for young children and their families, there will be stronger incentives for public, business and community leaders to find more creative financing strategies. These strategies will include efforts to be more effective and efficient in raising public revenues and creating public-private partnerships to attract private investments to support and serve young children and their families. The strategies will also include efforts to focus public and private resource allocation decisions on the desired results for children, their families, and communities. (For more information about measuring progress and results, see "Assessing Results.")

Despite the urgency that many state and local leaders feel, reforming financing systems will be a slow and incremental process. Changing the way in which public resources are raised and distributed challenges everyone's special interests—community leaders, public agency officials, service providers, and taxpayers. In many cases, advocates for young children have been among the staunchest defenders of the status quo. Many early childhood service providers, who have come to depend on the multitude of narrowly-defined categorical program appropriations, have been generally unreceptive to new ideas for finance reform, other than identifying new revenues that can be specifically earmarked. Yet the future of supports and services for the children and families of America will require informed, collaborative efforts to create more robust and productive financing strategies that are aligned with the nation's and every community's goals for meeting the needs of its children and families. This is the challenge ahead.

Contacts

Readers may contact the following organizations and individuals for additional information about financing:

The Finance Project
1341 G Street, NW
Suite 820
Washington, DC 20005
(202) 628-4200
(202) 628-4205 Fax

The Center for Budget and Policy Priorities
820 1st Street, NE
Suite 510
Washington, DC 20002
(202) 408-1080
(202) 408-1056 Fax

Anne Mitchell
Early Childhood Policy Research
Honey Hollow Road/HCR 1, Box #77
Climax, NY 12042
(518) 966-4198
(518) 966-5503 Fax

Louise Stoney
Stoney Associates
10 Tillinghast Avenue
Albany, NY 12204
(518) 463-3677
(518) 463-0265 Fax

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Chapter 9

Engaging the Public

PART I

Introduction

We thank Barbara Reisman, Executive Director of the Child Care Action Campaign and Laurie Lipper, Director of the Children's Partnership, for their contributions to this chapter.

Engaging new constituencies is a crucial part of community mobilization at every step of the process. If you have been leading or participating in a community mobilization initiative, you have already had to think clearly about what you are doing and why, as you created your vision and goals. You have already considered how to communicate effectively with different stakeholders as you involved them. You have thought about what each stakeholder group needs to know in order to participate productively.

Yet every community mobilization initiative inevitably reaches a stage at which even broader community awareness, understanding and engagement are necessary to make the changes that are needed. For example, implementing your community's vision may require some legislative, county commission or city council action. To compel this action, you must understand these groups' agendas and how your community's vision and goals fit with their priorities. You may also need to create understanding and support among the general public—the voters who elect the policymakers. Your community's vision may include increasing public awareness of vital information, such as the importance of immunizing babies. Or your goals may include making families aware of the programs and services that are available to help them.

Different strategies must be developed for each purpose and for each specific audience. In order to effectively engage the public, you must first be clear about who you want to reach and why. Elected officials and policymakers respond best to very specific approaches. Engaging the support of the voters or the general public requires another set of strategies, including working with the media. Sometimes a special event, such as a news conference, an awards dinner, or a family fun day is the best way to focus public attention on your community's vision and goals. In other situations, a series of public meetings, volunteer opportunities, or local word-of-mouth communication works best.

PART II

What is Public Engagement?

Jean Johnson, Senior Vice President of Public Agenda, a nonpartisan, non-profit public opinion research and citizen education organization, defines public engagement eloquently:

> Public engagement is not the same as public relations. The traditional public relations model is built around a top-down, "one-way street" method of communicating. Leaders and experts focus on developing a persuasive strategy to convince the public to accept a predetermined alternative. Public engagement entails drawing the public into the communications process—encouraging them to weigh a range of choices and allowing them time to deliberate and reach their own conclusions. In this "two-way street" model, the public grapples with issues, and is not passive. Public engagement requires greater time and energy on behalf of leaders and experts, but it gets to the root of what democracy is about.

Why Conduct a Public Engagement Campaign?

A well-planned public engagement campaign that is a series of strategic activities planned to support your community's vision can produce many benefits, including:

- a greater base of support for your community mobilization goals. By recruiting new allies, a campaign can generate financial support, volunteers, and other resources to help your community achieve its goals;
- access to a mass audience. By working with the media as part of a public engagement campaign, you can tell your story or provide useful information to greater numbers of people than can be reached through other channels; and
- greater leverage with decision-makers. By creating popular buy-in for an initiative and by generating press coverage, policymakers and others are more likely to join, support, and protect your community's vision and goals.

This chapter provides information on developing a range of public engagement strategies to help you accomplish your community mobilization goals. It describes the current public opinion and political landscapes as of 1996. It also shares lessons from successful public engagement campaigns, advice from experts about clarifying goals, identifying audiences, using research to choose the right strategies, developing effective messages for each audience, and working with the media. This chapter concludes with a list of people to contact for more information about public engagement.

PART III

Understanding The Landscape

In order to engage public support for your community mobilization initiative, you need to understand the current thinking and attitudes of those you seek to influence. This information can be gathered in many ways, including public opinion polls, focus groups and interviews with policymakers, or at public forums, such as community or neighborhood meetings.

The following excerpts are taken from two efforts to describe the political and public opinion landscape of America during the late 1990s. One set of issues and advice is drawn from focus groups conducted by The Advertising Council's Strategic Task Force on how the public feels about children's issues. The second excerpt is drawn from a report from the State Legislative Leaders Foundation and describes how state legislators perceive "children's advocates." Both of these reports highlight important issues to take into account when creating plans to inform, engage or mobilize the public.

Public Perception of Children's Issues

A Summary of : The Advertising Council's Strategic Task Force Research

A more detailed report of the focus group research, Talking About Children, may be obtained from The Public Agenda Foundation at (212) 686-6610.

The Advertising Council is the nation's largest producer of public service advertising and created such campaigns as The College Fund/UNCF's "A Mind is a Terrible Thing to Waste," Smokey Bear's reminder "Remember, Only You Can Prevent Forest Fires," and McGruff the Crime Dog's message, "Take A Bite Out of Crime." In May of 1995, The Advertising Council decided to focus the majority of its resources and efforts on a single beneficiary: children. As part of this ten-year initiative, known as Commitment 2000: Raising a Better Tomorrow, The Advertising Council will work with volunteers from advertising agencies, media and corporations to develop hundreds of messages detailing how Americans can improve the health and well-being of the nation's children.

One of the first steps in implementing Commitment 2000 was to assess American attitudes towards children's issues. In July, 1995, The Advertising Council convened a Strategic Task Force to guide the development of an overall strategy for the initiative. As the Task Force members examined the data and research about children, they uncovered a troubling paradox: people do care about children, but they are unable or unwilling to act on their behalf. The members set out to understand why the American public seems to ignore the plight of children, and to uncover concepts that would help break down the barriers to public action. The Council recognized that until it found the answers to these questions, it could not determine how public service advertising could affect the crisis and how The Ad Council should accomplish its new mission.

The Research Process

The Task Force decided to conduct its own research. Two separate organizations, led by experts with different approaches, were engaged to investigate this paradox: Deborah Wadsworth, Executive Director of the Public Agenda Foundation, an expert on public opinion research; and Jane Newman, Executive Vice President of Merkley Newman Harty, an expert on communications strategy research and development.

Researchers conducted a total of ten focus groups to identify barriers to action and test concepts that would inspire individuals to act on behalf of children. Although the researchers worked independently, their conclusions were strikingly similar.

Barriers to Action

The investigation revealed several key barriers to action:

- First, although people are concerned about children, they see children's problems as symptomatic of the problems of their parents or of society as a whole; the problems are just a small part of a large, irreversible pattern of economic and moral decay. Their tolerance for the problems of children stems not from indifference but from a feeling of helplessness.

- Those who view the country's current social problems as primarily economic in nature are deeply pessimistic about not only their own economic future but the nation's too.

- People also perceive a wide-ranging decay in the moral fabric of the country and believe that the problems children face are a result of these corrupt moral values. In their view, parents are so intent on fulfilling their own material needs that they do not have time for their children.

- In the end, the public understands the problems to be so global in nature that solutions seem unimaginable. People tolerate the status quo because they feel overwhelmed.

The focus group leaders showed participants statistics about the disastrous circumstances of children today. Initially, the groups responded with shock, horror, and disbelief. Many participants learned that the problems affecting children are not unique to the inner-city, but affect every community in America.

The focus group participants asked, "How could this happen to our most fragile citizens?" But almost immediately, they began to distance themselves from the problems and blame "irresponsible parents" for the terrible conditions of children. They tended to agree that the real explanation was the irresponsibility, low motivation, and lack of education of many parents. The participants further distanced themselves by asking: "If the problem is so huge and complicated that the government can't make a difference, how can I?"

As the researchers deepened the scope of their exploration, they uncovered an important answer to why the public is not motivated to make a difference. People have a distorted image of families and children in need of help. In fact, people in positions to offer help do not believe they know families and children who need it; they do not interact on a regular basis with parents and children who need help. As a result, people assume that the parents in need are not making an effort to help themselves. Thus, they are failing in their roles as parents. In other words, the public blames parents who may need support, and stereotypes them as uncaring and irresponsible. They want to believe that if they were in the same difficult circumstances, they would do better for their children.

Concept Testing

How can we break through the barriers and release the public's desire to help children? To answer this question, researchers tested more than 40 motivating concepts, looking for ideas that could unlock people's desire to act on behalf of children.

Counterproductive Concepts

They discovered that a number of commonly used approaches were not effective. The following concepts did not make people more sympathetic or motivated—in fact, some of them actually increased their unwillingness to help:

- Appeals to self-interest, that is, stating that by helping children in need you are ultimately helping yourself, did not work.

- Appeals to altruism were also ineffective.

- Using shocking statistics about the current and future state of children discouraged interest. Although initially provoking, using this strategy runs the risk of reinforcing the most negative images of parents and triggers the distancing effect.

- In particular, messages that tried to shock or humiliate people only deepened their sense of frustration and prevented them from acting.

Motivating Concepts

Several concepts, however, did break down the barriers and tapped people's natural inclination to care and help:

- Self-reliance and reciprocity proved to be among the most dramatic breakthrough concepts. The public is motivated to help when it is pointed out that many (the vast majority) of the parents and children in need of help are often temporarily facing difficult circumstances and trying hard to care for their families in circumstances that would defeat the best of us.
    - Most people empathize and identify with these struggling parents because they have also experienced difficult times. The public is more likely to offer support when they see similarities between themselves and those who are challenged. Hence, changing the public's perception of families in need is a vital first step toward motivating action, because it inspires feelings of reciprocity and concern.
    - People also responded to the idea that some of these families and children may be temporarily in need of support. When they saw the problem as episodic rather than chronic in nature, they were willing to offer their help. Why? Because everyone has had tough times, and they understand that hardships can happen to anyone.

- Another motivating concept involves perceptions of parenthood: It is tough being a good parent, but it is the most important job in America. Most people agree that parenting is a difficult job. The struggle to raise children is common ground for all parents and it often does not get recognition or thanks. This concept is universally recognized and represents an opportunity for people to connect on common ground.

- People are also not aware that resources are needed, or that the rate of volunteering in America has decreased somewhat. It is motivating to promote the idea that volunteerism is a valuable activity and that the effort will not be wasted or unappreciated. This concept counters the perception that there are plenty of unused resources; individuals are more likely to believe their actions will make a difference.

- Participants also responded well to the idea that each of us already plays a part in children's lives by serving as a role model. Thus, you are a role model and can choose to be a good one or a bad one.

- Highlighting programs that work and focusing on success stories serve to increase the sense that solutions are possible. Using success stories contrasts the drumbeat of negative reporting about crime and economic disaster; it creates a sense of hopefulness and lets people know that small, but meaningful, actions can be taken on behalf of children.

The Leaders' Perceptions of Advocates For Children And Families

Excerpt from: *State Legislative Leaders: Keys to Effective Legislation for Children and Families* by the State Legislative Leaders Foundation, Stephen G. Lakis, President

"Labels" and attitudes matter.

The word "advocate" is not one which most state legislative leaders ever use, nor is it a word with which they are very familiar or feel comfortable. For many legislative leaders, the terms "advocate" and "advocacy" conjure images of individuals whom they regard with a certain amount of suspicion and disdain. Advocates appear to legislative leaders all too often to be people who view the entire legislative process skeptically.

Professional lobbying skills are respected.

Leaders emphasize the fact that common sense, effective interpersonal skills and the ability to compromise are the essential characteristics of those who succeed in influencing the legislative policy-making process. From the leaders' perspectives, advocates for children and families don't always demonstrate an appreciation or aptitude for these essentials. As they explain:

> Children's advocates should ask themselves: how do I get my children to do what I want them to do without getting into a big fight? It's the same here.

Child and family advocates are invisible to leaders.

As noted, most state legislative leaders indicate they have very little direct contact with child and family advocates and are not familiar with any specific child and family advocacy groups in their states. While some leaders are able to identify an individual as a child and family advocate, very few leaders are able to name even one child and family advocacy organization in their state. As one leader commented:

> I try to listen to the advocacy groups, look at their information. To be honest, I can't tell you their names

Leaders are not aware of grassroots or local constituencies for children.

Interviews with the legislative leaders made clear that they do not draw great distinctions between the legislative process and the electoral process. In their view, the legislative and electoral processes are part of one continuous process. The issues legislators address during the legislative session and relationships formed with constituents, advocates and other groups often must lend themselves to supporting the re-election process.

> I'd try to establish some kind of grassroots network that I don't think really exists on children's issues. I've never had anyone come up to me and say 'Why don't you do more for the Parents for Teachers program? Or 'Why don't we do more to lower the social worker ratio?' 'Why don't you put more emphasis on training unwed mothers on how to be parents?

Leaders lack timely, accurate and compelling information in a usable form.

While it is true leaders seldom have or take the time to read research reports and other lengthy documents, when they do want information on a particular issue, they usually want it immediately and they want it to be accurate, understandable and compelling. Particularly in part-time legislatures where professional staffing is limited, legislative leaders indicate that solidly-researched information is helpful, especially if it is data that relates to individual legislative districts.

> Most people who call themselves 'advocates' provide a little information too late and then complain. That doesn't work.

Leaders perceive advocates to be partisan.

The perception of nearly all the leaders interviewed is that most advocates are liberal Democrats.

To illustrate, several legislative leaders feel child and family advocates ignore conservative Democrats as potential allies simply because of their pro-life stance. In state after state, Republican leaders expressed similar views about the partisan nature of children's advocates:

> I wish more of the advocates would respect our philosophical differences. I read some of their newsletters and press releases and my viewpoint just gets bashed. I mean they are really criticizing [that] I'm not compassionate, and so on. When they write that kind of stuff about me, well, they're not going to be too effective coming in to see me later. That's just human nature.

Accountability is complex.

Threats are unpopular with all public officials and engaging in acts of public recrimination against legislators who fail to support certain proposals can be risky. Leaders in both parties express resentment about "scorecards" kept by interest groups and other efforts that criticize voting records. They feel these ratings demonstrate a lack of understanding of legislative realities and build unnecessary barriers to future dialogue between advocates and legislators. As several leaders explained:

> Successful people in our business avoid permanent enemies. Don't attack the legislators. Come in and sit down and show the members the facts.

Leaders report the lack of understanding of the political process by those who advocate for children and families is a major barrier to advancing child and family agendas.

The unmistakable sentiment of legislative leaders is that these individuals and groups have little "feel" for the political process:

> So often 'advocates' for any issue have excellent people who have never done this [lobbying] before and the first thing they do is threaten you. Do not threaten me.

Based on what the leaders reported and recommended, the following eight points form the basis of a blueprint for legislative success on behalf of children and families:

- Establish consistent visibility and ongoing relationships with legislative leaders, legislators and legislative staff. In some state capitols, those who advocate for children and families are rarely seen or heard. Rather, they are unknown quantities who only seem to appear when "their" issue is being considered and all too often, they appear too late in the process to make a difference. As one leader recommended:

  > Don't come at the last minute. Be involved all the time. Be friendly.

- Build consensus around a realistic and manageable agenda that recognizes the role of compromise in the legislative process. Advocates for children and families must develop and promote legislative strategies that are adaptable to compromise while not sacrificing the essence of what they seek to achieve. Leaders often complain that those who advocate for children and families present an unrealistic, unworkable set of policy demands and then demonstrate little or no willingness or ability to compromise. Several leaders even stated that they feel advocates are intolerant of the legislative process, which by its very nature demands compromise and restraint.

- Develop grassroots support for child and family issues on a district by district basis. Although presiding officers—senate presidents and house speakers—must often act as spokespersons for their party, speaking and taking stands on issues with statewide significance, each legislator, even the leader, is more likely to be responsive to lobbying by constituents from his/her own district than from people purporting to represent statewide organizations. Hearing directly from "the folks back home" clearly gets the attention of every legislative leader.

- Involve new voices and leaders from other sectors. Legislative leaders repeatedly speak of the importance of expanding the base of support for children and families by engaging representatives from other sectors in lobbying efforts. They feel that prominent civic, business, and religious leaders, as well as physicians, particularly pediatricians, would help draw the sustained attention to critical child and family issues:

  > To really see some change in my state, key business types will have to become committed. Local, respected corporate-type people [must] start saying, 'Hey, our economy is being drained by these problems involving kids. We've got to find solutions to these problems.'

- Employ bi-partisan strategies. The political landscape across America has changed dramatically since the elections in 1994. With a more conservative, Republican majority committed to family value issues and a limited role of government, advocates can address this new political environment by developing broad-based coalitions that cut across party lines and ideologies. It also means that advocates must seek out new allies and strive to build a vibrant grassroots organization.

- Become active in the electoral campaign process. Those who care about children and families can dramatically strengthen their political clout by becoming more directly involved in political campaigns through voter registration drives and candidate forums. By becoming fully active in the electoral process, they can also better inform legislators about the importance of child and family issues. Leaders need to hear from the voters who are their constituents:

  > An agenda that involves children's issues is a surefire vote winner.

- Provide legislative leaders with factual and compelling information in a useable form. In this era of tax-cutting and cost-saving, public policymakers feel tremendous pressure to justify every expenditure of the public's money before, during and, increasingly, after the expenditure is made. Even when hard data are not available, a persuasive case for funding and/or legislative support for programs for children and families can be made. Legislative leaders will respond to reasoned, thoughtful arguments, anecdotal evidence and a presentation of realistic expectations of what the proposed program or policy will achieve:

  > Persist with well-researched and accredited information and keep at it. Politics belongs to the persistent.

- Become actively involved in the state budget process, get involved early, identify the key legislators and stay involved throughout the entire process. To improve their effectiveness in influencing the state budget, advocates must begin their work very early, even before the formal legislative session begins. Timing is essential to ensure that issues important to children and families are presented so that the legislative agenda can reflect these concerns. Generally, the budget originates in the executive branch. In most instances, any proposal requiring funding will have far greater odds of success if funding is in place at the starting point of the budget process.

PART IV

Examples and Lessons from Public Engagement Campaigns

There are hundreds of different kinds of successful public engagement campaigns that range from person-to-person grassroots organizing to large public relations and mass media advertising campaigns. Here are some examples:

- At the beginning of 1994, the Child Care Action Campaign and the Communications Consortium Media Center launched a joint Strategic Communications Project on Early Care and Education to increase the supply and improve the quality of early care and education for children and families throughout the United States by raising the profile of early care and education on the public policy agenda. This collaborative effort involves twenty national organizations in a Media Strategies Group that meets monthly to develop and implement specific public awareness strategies. Group members include advocates and experts from a wide range of fields who share ideas, experiences and techniques. The Group's major emphasis has been redefining what has been considered a private issue—the difficult and often painful choices faced by families as they plan the care of their children—as a matter for public attention and action. This effort has helped the early care and education community achieve unity around a set of defined messages. Since its inception, the Group has undertaken a number of initiatives, including: conducting a review of public opinion research, providing technical assistance and media training , convening Business Leadership Roundtables, producing supplemental materials, including satellite news feeds and radio reports in connection with breaking news developments or planned events, and hosting the first in a series of Policy Forums on the challenge of financing early care and education.

- In San Francisco, Coleman Advocates for Youth, a small children's advocacy organization, wanted to secure ongoing, stable funding for children's programs and services in the city. They undertook a three-year campaign to organize advocates, parents, and citizens to support a city initiative that earmarks city tax revenue for children's services.

- In New York City, a group promoting education wanted to increase business investment in and public commitment to public schools. The New York City Partnership teamed up with local business organizations and print media on the "Principal for a Day" initiative. Local business leaders and celebrities were invited to be principal of a public school for a day. This effort was inspired by the success of a similar initiative, sponsored by the Los Angeles Foundation Educational Partnership. By spending a day as a principal, business leaders learned about the challenges that public school administrators face first-hand. These business leaders were more supportive of public education as a result of this experience and the celebrities' participation helped generate visibility for the event.

- The Georgia Children's Campaign, designed to fuel support for organizations helping children, has spent a year building positive relationships with business and civic leaders and among various children's organizations. They have created a campaign called "Put Yourself to Work for Georgia's Kids," and have invited business and civic leaders to visit an agency providing services to children—and arranged for extensive media coverage. Their goal is to expose community leaders to programs that work, thereby helping them to be better advocates in support of such programs.

- In Chicago, the McCormick Tribune Foundation is sponsoring a "Birth to Great" campaign to increase the public's awareness of the importance of the first years of a child's life. The campaign includes public service announcements, a television documentary, special awards to caregivers in the community, and a campaign to encourage child care centers to become accredited by the National Association for the Education of Young Children in order to improve the quality of child care.

- The Connecticut Commission for Children has carried out a multi-year campaign to promote the healthy development of young children and to support legislation that will improve early childhood care and education and health care for Connecticut's children. The campaign was co-chaired by Claudia Weicker, wife of former Governor Lowell Weicker. A theme song, billboards, print and broadcast media, and special events were the backbone of the first stage of the campaign, which highlighted the importance of immunization for all children. The Commission has since led efforts to increase funding for preschool education in Connecticut and established a Parent Leadership Training Institute to help train and nurture grassroots advocates.

- The Oregon Commission on Child Care and several business organizations are conducting a campaign called "The Big Change." The goal of this campaign is to encourage every Oregon employer to undertake at least one family-friendly initiative. Local business leaders have been asked to speak to their peers about the value of offering dependent care benefits to employees and of investing in community-based child care programs. Focused in four counties, the campaign has worked with local media to generate interest and support. The campaign was inspired by the joint efforts of the Oregon Commission on Child Care and the National Child Care Action Campaign to build stronger links among schools, child care, and employers.

- The Montana Early Childhood Project launched a statewide public education campaign called "What Every Child Needs." The campaign included TV and radio public service announcements, billboards, posters, and a tie-in with a local dairy that printed messages on its milk cartons. The campaign also gives its audience an action step—they can call a toll-free number for more information. The campaign also distributed refrigerator magnets, brochures, and posters with space for a local phone number. In the first three months of the campaign, the toll-free number received ninety-two calls.

- Prominent entertainers, national media experts, leading foundations, and early childhood experts and organizations have launched a nationwide public awareness and engagement campaign to focus on the importance of the first three years of life and on what families and communities can do to promote young children's healthy development and school-readiness. The campaign is spearheaded by Rob Reiner and Michele Singer Reiner, and by Ellen Gilbert of International Creative Management (ICM), along with a broad range of experts from the early childhood field. Coordinated by the Families and Work Institute, the intent of the campaign is to establish a permanent collection of resources to help families nurture their children. The goals of the campaign are to: (1) raise public awareness of the importance of the first three years of life; (2) connect families with young children to the resources and services they need; (3) create connections among national organizations and state and local efforts to improve services for young children and their families; (4) promote citizen engagement; and (5) increase the public will to make quality resources and services more widely available to families with young children. Activities of the campaign include:
    - an hour-long ABC prime-time television special;
    - a special edition of *Newsweek* magazine;
    - a national conference on the brain development of young children;
    - Public Service Announcements;
    - a video, CD-ROM, and on-line information for parents;
    - state and local citizen involvement activities; and
    - collaboration with a wide range of national organizations, corporations and other public awareness and engagement campaigns.

In June, 1996, as part of the campaign profiled above, the Families and Work Institute, in collaboration with the Carnegie Corporation of New York and the AT&T Foundation, convened a meeting to share lessons from public awareness and engagement campaigns. Leaders of campaigns addressing such issues as child abuse prevention, drug abuse prevention, the environment, and public education as well as communications scholars and experts were invited to describe their efforts and to share their techniques, research methods, and advice. This section profiles three national campaigns discussed at the meeting.

National Committee to Prevent Child Abuse

The National Committee to Prevent Child Abuse (NCPCA) is committed to preventing child abuse in all its forms. It does this through a variety of initiatives. Areas of expertise include program planning, implementation, and evaluation; research; policy analysis; communications; training and technical assistance; and coalition-building. Since 1977, NCPCA, in collaboration with the Advertising Council, has used media campaigns to educate the public.

Because child abuse is a highly complex, emotionally-charged issue, engaging the public requires strategies that affect both individuals and institutions. NCPCA believes that three kinds of strategies are essential: (1) increasing public awareness and political will to put child abuse on the national agenda; (2) influencing adult attitudes and behavior; and (3) mobilizing the public to take action.

When NCPCA began planning its campaign in 1976, it was very difficult to obtain funding. At that time such media efforts were regarded as "fluff." NCPCA secured $25-$30 million in donated media time to send the message, "It shouldn't hurt to be a child." Public Service Announcements (PSAs) developed with the help of the Ad Council were featured on television, radio, and in public transit displays. The Ad Council produced, scheduled, and placed the PSA's while NCPCA handled public response and information dissemination. Messages were also communicated in other ways, on fact sheets and shopping bags, and in talk shows and the "Dear Abby" column. All the campaign's materials were designed so that local organizations could place their names and phone numbers on printed items so that the public could contact the groups in their communities.

NCPCA relies heavily on research when planning and evaluating the effects of its campaigns. It has conducted annual public opinion polls, focus groups, and targeted interviews in order to measure results. In 1976, its research showed that one out of ten parents saw child abuse as a significant problem. By the 1980's, its studies showed that nine out of ten parents thought child abuse was important and believed government should help to prevent it.

The second phase of this campaign focused on changing adults' negative attitudes and behavior, with messages like "Words can hurt." NCPCA again obtained $25-$35 million each year in donated media time. Today, studies show that the general public is more aware of adults' negative behavior; there is a 15 percent decline in the number of parents hitting children, and a 17 percent decline in the number of parents yelling, swearing, or using insulting language with their children.

The third phase of the campaign is a call to action to bring prevention services to communities. Research now shows that 75 percent of the public wants to do something about child abuse but doesn't know how to help. NCPCA has publicized a toll-free telephone number that people can call to receive information on action they can take. The slogan of the campaign is, "The more you help the less they hurt." The latest evaluation of this campaign component has shown minimal results; there has been a slight increase in people's sense that they can do something, but few concrete changes in behavior.

Two other, related campaigns sponsored by NCPCA had much shorter life spans. The first coincided with the showing of the made-for-television movie, "Something About Amelia." This show addressed the issue of incest for the first time on national television. There was a great deal of local activity around the broadcast of this program. The second campaign was the television program "Scared Silent," a one-hour special hosted by television talk-show host Oprah Winfrey and simultaneously broadcast on several networks and public television. The toll-free number broadcast during this program received 220,000 calls in a two-day period, far more than NCPCA could respond to. Most of those calls were requests for help from parents and children.

Advice and Lessons Learned

- Short-term campaigns can elicit a public response, but if you want to change people's behavior, you must be prepared to commit up to ten years of consistent effort.

- You must be clear about what you want to achieve. Keep your message focused and simple. There is a great deal of "clutter" in the media about social issues; the public receives many messages. Develop a message that cuts through the clutter.

- Create opportunities for local people and organizations to get involved in your campaign. This is an essential part of the process.

- Conduct pilot tests and focus group research on your messages before you implement a nationwide campaign. This process helps to assess how your audience interprets your messages. It is far better to refine your message before you invest in broad dissemination.

- The public expects to be able to call toll-free numbers for information, but it is not clear that such numbers are essential or that they make a difference.

Partnership for a Drug Free America

The Partnership for a Drug-Free America creates educational public-service messages to help build and reinforce anti-drug attitudes. These messages are directed at children and teens to help them choose not to get involved with illegal drugs and to parents to help them talk more effectively with their children about illegal drugs. Since 1986 the Partnership has delivered over 500 educational messages about illegal drug use. These messages have been developed on a pro bono basis by over 200 advertising agencies. Since its inception, the Partnership has used research in a variety of ways, including:

- to understand their target audiences' attitudes towards illegal drugs, in order to create relevant messages, and

- to monitor and evaluate the effectiveness of outreach efforts.

In the Partnership's words:

> Beneath every Partnership message is a strategy. It must identify the target audience, state the advertising objective, and clearly spell out the way to accomplish that objective. Beneath every strategy is a solid research base. The National Household Survey on Drug Abuse, the University of Michigan's *Monitoring the Future* study, and the Partnership's own *Attitude Tracking Study* are among the instruments we use to assess the current drug situation, identify trends in illegal drug use, and explore the feelings and attitudes of our target audiences.

Research conducted by the Partnership indicated the need for a public-service campaign directed at parents and teens telling them of the risks of inhalant abuse. One in five teenagers has abused an inhalant, but they and their parents do not understand how serious this abuse is. The Partnership carefully created a campaign that highlighted the severe risks of abusing inhalants without demonstrating how the products could be abused.

The Partnership also performs research to monitor public attitudes and behavior. Research conducted by the Partnership found that inner-city children had anti-drug attitudes but needed positive reinforcement. Messages were created that focused on both self-esteem and the risks of illegal drugs. The Partnership's own research and independent studies provide evidence that such messages can have a positive impact.

Advice and Lessons Learned

- When developing a public engagement campaign, the more you know about your target audience, the more effective your efforts will be.

- Mass media is a powerful influence, and educational public-service messages are effective in building and reinforcing anti-drug attitudes.

Environmental Information Center

The Environmental Information Center works to strengthen environmental legislation in Congress. Recently, it has defended such legislation as the Endangered Species Act and the Safe Drinking Water Act.

Realizing that the media skills of environmental organizations at both the national and local levels can be poor and that funding for media advocacy work is often unavailable, the Center hired experienced organizers who specialized in working with the media and asked them to build coalitions in twenty states. The states and localities received targeted press releases, op-ed articles, campaign materials and money for events. The organizers were able to create a broad coalition that included citizens and policymakers not typically involved in environmental groups, and the media received a clear message. Despite the federal focus of the campaign, the local groups worked most effectively. It was clear to the Center that investing in local efforts was critical.

The Center has also worked with the Evangelical Environmental Network to deliver their message about the Endangered Species Act. The Network held a press conference announcing their support of the Act, and the media gave it a great deal of coverage. By teaming up with an "unexpected messenger," the Center was able to get its point across to the public.

Advice and Lessons Learned

- A national campaign needs a centralized managing unit in order to broadcast a consistent national and local message; however, it is essential to invest in the staff to support local organizations.

- Disseminating data from opinion polls and copies of all the press you generate can help the media and public officials public understand your message.

- Get politicians at every level talking about your issue—it's one of the best ways to get media attention.

- Political parties and the media want to target women voters and viewers. Research shows that social issues are high on this target group's agenda. You should use polling and focus group data to show the media and politicians that the target groups they are interested in care about your issues.

- Set up concrete indicators for measuring the impact of your efforts; for example, did legislation you supported go through? How many contacts with public officials can you document?

PART V

Creating an Effective Public Engagement Campaign

This section summarizes advice from several national experts on how to plan and shape a successful public engagement campaign.

Three Key Questions to Consider

Julius Richmond, MD, former U.S. Surgeon General and currently Professor Emeritus at Harvard Medical School, has led many successful campaigns including one to discourage smoking and to promote children's health. He advises public engagement campaign planners to carefully consider three key questions as they begin their efforts.

What is our knowledge base?

In many areas of social services, the general knowledge base is fairly rich. For example, in early childhood development, the knowledge base is much broader now than thirty years ago when Head Start began. You need to research your issues carefully, to ensure that the messages you send are based on scientific fact. Otherwise, you will lose credibility with the public.

What is the political will to act on the knowledge base?

The more political will to act you can generate, the better. You need to focus on both the public and the private sector. Many judgments on social policy are made in the private sector. For example, this sector has driven the health care debate. Unfortunately, much of the political will to improve conditions for families and children is latent. As a population, we are concerned about nurturing children, but we seem to be unable to move to action. There is a great deal of potential in the public's concern for children, but it needs to be focused with specific calls to action.

What are the social strategies we should be developing?

There is often a lack of clarity in the messages the public receives about children and families. Of course, you don't want to oversimplify, but you do need to deliver a clear message. Finally, if you are going to increase public awareness, be certain the response capacity exists to meet the expectations you have generated. Think about mobilizing a cross-sector of the public: the clergy, health care professionals, community groups, service groups, housing organizations, etc.

A Summary of the Seven Stages of Public Opinion as defined by Public Agenda

Deborah E. Kozart is Communications Associate at the non-profit, nonpartisan public opinion research and citizen education organization, Public Agenda. Founded by public opinion analyst Daniel Yankelovich and former U.S. Secretary of State Cyrus Vance, Public Agenda's research on citizens' attitudes toward critical public problems, including healthcare, education, and foreign affairs, is the basis for an extensive and innovative series of public education efforts.

Public opinion is never static. Over the years, Public Agenda has developed an understanding of public opinion as an evolutionary process that citizens go through as they struggle to make sense of complex issues, such as education reform or health care.

Kozart describes the seven stages that the public goes through as it becomes increasingly aware of and engaged in issues. This theory of how public opinion evolves was first formulated by Yankelovich. Understanding this process can help public engagement campaign leaders design more effective campaigns.

The Seven Stages of Public Opinion

Stage 1: People Become Aware of an Issue. At this early stage, people are exposed to an issue, often through the media. The public displays some limited knowledge, but people's opinions at this stage are malleable. The public is unaware of specific details or solutions.

Stage 2: People Develop a Sense of Urgency. Occasionally, an external event, such as a recession in the case of health care, causes people to develop a sense of urgency about an issue. The public begins to feel that something needs to be done.

Stage 3: People Look for Answers. Out of urgency, the public is eager for answers and starts exploring potential solutions, including those presented by policymakers. But since understanding of the issue is limited, public support for proposals may be volatile and easily derailed.

Stage 4: Obstacles Stall Constructive Discussion. The public's initial response frequently is to reach for seemingly easy solutions, resisting consideration of the costs and trade-offs involved. When proposed solutions conflict with people's values or require too many trade-offs, "wishful thinking" occurs and constructive discussion can be stalled.

Stage 5: Choicework Occurs. With time and help in thinking about the implications of various solutions, the public begins to rationally weigh the pros and cons of real alternatives in terms of values and practical consequences.

Stage 6: People Begin to Accept Change Intellectually. Ultimately people do make an *intellectual* commitment to a solution. Basic attitudes change at this stage, but behavior and peripheral attitudes lag behind.

Stage 7: People Make a Responsible Moral and Emotional Judgement. This final stage is achieved over time—sometimes ten years or more for a complex issue. At this level of full recognition, the public displays a willingness to accept trade-offs, sacrifices, and change.

In order to implement an effective public engagement campaign, you must know clearly what stage public opinion has reached on your issue. As stated by Yankelovich in an article in *Fortune* (October 19, 1992):

> Unfortunately, opinion polls as presently reported don't indicate which stage a particular issue has reached. Leaders attempting to communicate with the public without this information risk gridlock and frustration. Why? Because to communicate with the populace, a leader has to know where people are coming from, where they stand in their thinking now, and where they are headed.

By taking the time to listen and communicate with the public, leaders can sense how stable or unstable opinion may be on an issue. This knowledge can then be applied to the development of an effective strategy that addresses where the public is on a given issue.

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Media Advocacy and Framing Your Message: Individual Action vs. Collective Responsibility

Lori Dorfman is Co-Director of the Berkeley Media Studies Group, which works with community groups, journalists, and public health professionals to use the power of the media to advance healthy public policy.

Dorfman makes a distinction between campaigns that encourage individuals to changes their personal behavior (social marketing approach) and those designed to help individuals to act together in their capacity as citizens and raise their voices in policy debate (media advocacy approach.) She advises campaign planners to think carefully about how messages are delivered.

The purpose of media advocacy is to promote public health goals by using the media to strategically apply pressure for policy change. It provides a framework for moving the public health discussion from a primary focus on the health behavior of individuals to the behavior of the policy makers whose decisions structure the environment in which people act. For example, a campaign focusing on the dangers of alcohol abuse that takes the public education and social marketing approach would emphasize individual drinking practices; a media advocacy campaign would focus on how alcohol is made available in the community and on how to have an impact on structures and regulations at the community level.

Too often, media campaigns place the onus for problems on the individual and propose that individual efforts are the only solution. This can be seen in the following chart, which compares the approach used by many campaigns with a strategic media advocacy campaign:

Public Education Campaigns	**vs.**	**Media Advocacy**
Focuses on personal behavior		Focuses on social accountability
Warns and informs the public		Pressures decision makers and mobilizes the public
Advocates personal change		Advocates policy change
Delivers a message		Empowers a voice

The focus can be shifted from defining problems at an individual level to defining problems at a policy level. Instead of proposing programs to serve individuals and to change personal behaviors, you can focus on long-term policy issues and use the media to advance initiatives. In order to do so, you must:

- translate individual problems into social issues;
- assign primary responsibility for those issues;
- present solutions;
- make practical and policy appeals; and
- develop messages and stories for the media.

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Developing A Message

We thank Laurie Lipper, Director of the Children's Partnership for contributing this section.

The Children's Partnership is a national non-profit, nonpartisan organization dedicated to educating the public and leaders about the needs of America's children and engaging them in ways that benefit children. As part of building a public engagement strategy that includes strong, clear policy objectives and a strategic plan, Lipper offers some suggestions about developing a message.

In this day and age, the sound bite has become synonymous with the idea of the message. "If you can't say it in ten seconds, it's not an effective message," is the prevailing wisdom from communications professionals.

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This may raise some questions for you, such as:

- How can anyone understand a complex subject in ten seconds?
- Should we even try to convey our message in a sound bite?
- If we are going to take a long-term, multifaceted approach, how can we do it justice?
- Won't a "sound bite" wear out after a while?
- I'm not good at thinking in ten second snippets, how can I get over this? and
- We simply can't agree on a single sound bite—what should we do?

Beyond the Sound Bite: Thinking about the message

Creating a message is a multi-dimensional process. If you are undertaking a major, sustained public engagement campaign it may help to think of your efforts in terms of composing a song. You can envision yourself a modest Quincy Jones or Phil Spector or Carol King. You need rhythm, melody, orchestration, and lyrics, and it helps to have a dynamic singer and band to translate the song into a multimedia environment. These basics can also be applied to message building.

However, because message development is as much an art as a science, this is one area in which enlisting a communications professional as a volunteer or advisor may be particularly wise. There are many lessons and techniques that go along with framing a message, and it's helpful to have someone brainstorm with you and provide guidance as needed.

Research

It is becoming increasingly common to use public opinion research to help create a message. Although it requires resources, time, and expertise, research can provide extremely useful information. This kind of research is especially useful in understanding your audience and how your prospective messages will be received. Research is costly, but worth doing correctly. If you are considering such a step it is very helpful to talk to communications and public opinion professionals about your goals.

The Drumbeat

It is well known that children love to hear stories to which they already know the ending. It is the thrill of taking the journey with the storyteller that they enjoy. This principle can also be true of your "story." In fact, many stories have a similar rhythm or drumbeat. For example, in the case of a long-term, multi-issue, multimedia campaign on children's issues, I developed a simple drumbeat of core messages that were effective in generating sustained media attention to a variety of children's issues:

- There is an important problem facing children.
- We have a demonstrated solution.
- It is very important to you that it be addressed.
- Here's what you can do to help.

This method of message presentation is easy to adapt to specific issues. For example, if we talk to reporters about immunizations, the "drumbeat" would look like this:

- There is a measles epidemic for the first time in [a given number of] years.
- We know if children are immunized we can stop this epidemic.
- If we don't, children will die, other children will be at risk, and the disease will spread.

- We can immediately ask the Governor to allocate funds, and ask parents to be sure and get their children to a clinic or doctor.

If we are addressing child support, we can say:

- Nearly half the children in our community are not receiving their full allotment of child support.
- Enforcement of child support orders depends on custodial parents contacting district attorneys.
- It matters to our community because taxpayers are taking up the slack for irresponsible parents, and children are suffering unnecessarily.
- We can alert parents to call a telephone number to get help.

Hooks and Symbols: The Melody

Sometimes it can be very useful to create a simple symbol that captures the essence of your message. In the late 1980's, Children Now, a California child advocacy organization, used a report card with grades on it to illustrate the status of children in California. Children Now asked prominent Californians to rate the state's performance. Children Now compiled the ratings in the form of a printed report card. Any "subject" (indicator of child well-being) that received a "D" or lower was highlighted prominently in red ink. This created headlines and captured the attention of the audiences the campaign hoped to reach, including political leaders. This initiative was based on substantial research, and a well-thought-out advocacy strategy. By translating research findings into a powerful symbol, Children Now gained attention and used that attention to fuel a specific legislative and community action agenda.

Another example is Coleman Advocates. In her book *From Sandboxes to Ballot Boxes: San Francisco's Landmark Campaign to Fund Children's Services*, Margaret Brodkin spells out other lessons learned, among them, "Drama and conflict get attention." When planning a press conference on the failure of the city of San Francisco to prevent drug violence, Coleman Advocates teamed up with the African-American Agenda Coalition and used coffins representing youths who had been killed in drug violence in San Francisco the prior year. In another example, they suggested that the funds normally spent on box seats for city officials at sporting events be used to generate funds for a sports program for children and youth. These are good examples of how symbols can be used to make a powerful and complex point.

The Lyrics

The most memorable part of a song are the lyrics—they stick with you. In message development, telling real life stories that illustrate the situation is often what people take into their hearts.

The following story helped describe what poverty really means to a family:

> There was a junior high school girl who was only showing up at school every other day. She had moved to South Central Los Angeles from San Diego with her mom, a truck driver, to escape an abusive situation. It turns out that she and her mother were sharing one pair of shoes, and those days she stayed home from school were the days her mother was out looking for work and wearing the shoes. Some shoes were found for the girl through a donations program and now she goes to school every day.

Pictures and Sounds: Orchestration

When developing messages it is important to remember that people are "reading" images and sounds as well as words. Think about what pictures can reinforce your message and what sounds (on television and radio) can help further the impact of your effort. Perhaps the best examples here are from the realm of politics. For example, in 1984, Ronald Reagan used nostalgic images of America's bounty to create an association in the minds of the public between his presidency and peace, prosperity, and the American dream. Called "Morning in America," the images fueled the message Reagan was promoting and helped him win the presidency.

Finding The Messenger: The Lead Singer

Who delivers the message—or sings your song—is as important as what the message says. Research shows that readers and viewers are extremely influenced by who provides the information. If you want to communicate with parents, for example, research shows that some of the most credible and trusted messengers are pediatricians and peers. Carefully selecting the most effective messenger is critical, and research is the best way to inform this process. Ask the group you hope to influence who are the people they trust and listen to.

Values

Most people unconsciously pick up clues about the source and inherent values of the information they receive. When you communicate a message, you make value statements about what is important to the community, what is acceptable, what caused a problem, and who should resolve a problem. Although your audience may be looking for value clues unconsciously, it can be effective to deliberately provide them.

For example, when you are going to communicate about the needs of young children, the first questions that readers or viewers might ask are "Where are the child's parents? Why aren't they taking care of that child?" By making sure your message answers this question, you can keep your audience focused on your main point.

Subtext and Hidden Agendas

There are two key elements of a message. One is the message you want to communicate. The other is what your audience perceives is the message. When you test messages with various audiences, you must be aware that they will screen the message through a variety of individual filters, including those of race, class and gender. Be aware of and sensitive to these as you shape your message. Audiences can also be made to feel overwhelmed by problems, and not at all confident that something constructive and effective can be done. Recent public opinion surveys and focus groups (including work done by the Advertising Council) have demonstrated that the public has absorbed the fact that we have many problems, but they are often pessimistic about whether these problems can truly be solved. Infusing a can-do or hopeful tone into a public engagement campaign along with concrete and believable action steps can help combat this pessimism.

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PART VI

Expert Advice

National and community public engagement experts offer the following additional advice which we summarize:

Campaign Timing

- Plan your campaign in discrete stages: (1) increasing public awareness; (2) changing public behavior; (3) engaging the public in action.

- Take advantage of short-term opportunities to raise awareness of the larger issues. You don't have to choose between working on long-term or short-term issues.

The Media

- The media are a problem as well as a solution; they are already delivering many messages about children and families to the public. Media clutter may be worse than you think—it includes not just well-intended campaigns, but market-driven, commercial parenting education. Cable TV has fostered "niche programming" and parents are viewed as a desirable audience. Parents get cluttered messages from the entertainment industry as well. One solution is to think of parents as allies, not just as an audience.

- Be aware—the media by itself can not organize or create public will for action. Don't rely on advertising or press coverage alone to get the results you want.

- Paid advertising (as opposed to PSA's) often reaches your target audience more effectively. However, it is costly, and invites the "other side" to participate. You can sometimes use paid media time to access free media time, but this is harder to do than it used to be.

Research, Focus Groups, and Opinion Polls

- Do long-term, reliable research and share the results with other groups so that messages to the public become synchronized.

- Figure out who has the power to make the critical decisions needed to implement your community's vision, and who influences these decision makers. Then engage these "influencers" as a primary audience.

- Currently, public engagement campaign research seems to fall into two categories: (1) problem research, which attempts to determine the facts of the social problem, and (2) public perception research, which attempts to determine how the public feels about an issue. You need both kinds of information to ensure your campaign's effectiveness.

- Understand how the public feels about your particular issue, and how their perceptions are influenced by rhetoric.

- Be careful about relying only on the perceptions of focus groups when shaping your message or evaluating the impact of your efforts. Focus groups are the most impressionistic and limited type of research that one can do, and they may not represent the full impact of your efforts. Often times you are receiving only a "slice" of opinion on an issue from focus groups. However, many politicians use focus groups and rely strongly on their opinions. You can thus often use your focus group findings to influence politicians' actions.

- Many political campaigns want to perform their own public opinion polls, using them to test messages. Both politicians and the media are hungry for reliable survey information. Always remember who you want to influence with your research. These are the people who must believe your information and arguments. Choose bipartisan polling organizations whenever possible—doing so can strengthen your credibility with the media and with policymakers.

Developing and Delivering A Message

- Choose a message that works and stick with it. Don't get bored and keep changing messages.

- Frame your messages carefully. Many campaigns seem to put all the responsibility for problems on individuals and ignore broader societal issues. We need to ask whether the individual is solely responsible or there is something we (society) all can do. The public is confused about the roles of family, community and government in solving problems, and there is inherent tension among the three sectors. Each needs attention, but their roles must be balanced.

- Think about moving beyond a reactive strategy to a positive, pro-child, pro-family agenda. Research performed by the Advertising Council shows that the public "tunes out" crisis-driven messages. Show the flip-side of negative behavior and develop nurturing messages. For example, show a male athlete holding a newborn baby. However, be aware of this paradox: many advertising consultants say that it is harder to get people's attention with positive messages.

- Be culturally sensitive when developing your message. The population of America is very diverse, and there are different cultural barriers to effective communication as well as different views of child-rearing. For example, there is tremendous conflict about cultures that use spanking as a form of child discipline. Strong, one-dimensional messages can alienate certain cultures; you can show alternative behaviors instead. Print and television advertising should reflect the diverse cultures that make up the American public.

- Consider developing "legislative advocates"—politicians who become engaged with your issues who then help deliver your message and push your agenda.

Fulfillment Strategies

- Organizations must rethink how they provide fulfillment materials—the information distributed in response to requests generated by a public engagement campaign. It is easy to be driven by the desire to deliver some tangible product to the public and to focus only on written materials. This strategy does not always work well with social issues. Fulfillment should be thought of more broadly and include a wide range of actions that the public can take locally, such as working with community-based organizations with which they feel comfortable.

Using Technology

- Think about the different ways that technology can deliver your message. Many sites exist on the World Wide Web and other Internet locations that can be used to carry your messages to a growing audience.

- At the same time, realize that many sectors of society, particularly low-income families, don't have Internet access. Don't exclude them by focusing only on this means of dissemination. Technology is a wonderful thing, but be cautious—use it as one of several tools. It is not a substitute for community organizing and mobilization.

- If you rely on technology as a primary campaign component, check to see if your public library offers on-line access and let your audiences know if it does. By the year 2000, the American Library Association plans to have all public libraries offer Internet access to the public.

Funding

- You have to make a long-term commitment to public engagement campaigns if you want to change public opinion. However, one barrier to such a commitment is the lack of funding for long-term efforts. It is therefore important for organizations to communicate with funders about what media strategies really work and the time-frames involved in implementing them.

Thinking Globally, Acting Locally

- Be open and flexible when trying to engage the participation of local organizations. This is a "bead and barter" process, where each sector must benefit from the other's involvement. While national organizations contribute strategic information and direction to initiatives, local groups need to feel ownership of a campaign's message in order to actively participate.

- Use your resources strategically at the local level. The response of local organizations is usually determined by their staffing capacity. Remember also to make use of the non-human resources (such as telephone and mailing lists) of local organizations.

- Media training at the local level is essential—many local groups need to be shown how to build relationships and credibility with reporters, and how to be called on as "expert sources."

PART VII

Some Thoughts on Working with the Media

Excerpted from a speech made by Judsen Culbreth, Editor-in-Chief of Working Mother magazine, to the National Association for theEducation of Young Children

Picture in your mind the media as a difficult preschooler. Here's what the media and this imaginary preschooler have in common: (1) A very short attention span. What absorbs their attention one day, they can totally dismiss as old news the next. (2) A total focus on their own interests—in the case of the media, ratings and readership. They have little empathy for anyone else's. You know, "We're going to play my game or I won't play at all." (3) Stranger anxiety. The media plays with their own group of friends and don't want to meet outsiders. (4) Trouble with delayed gratification. They want what they want when they want it. They never care about anyone's schedule but their own. (5) Sharing—no way. They want exclusives, and are very jealous if someone gets a bigger, brighter story. (6) They steal, too. They'll take a soundbite or an idea away from you with no guilt. I can't tell you how many times I've heard my words from a pre-interview come out of the announcer's mouth. I'm sorry to say that these media brats are not embarrassed by this poor behavior. So next time you're frustrated with the media, just think to yourself, they are just preschoolers and I know how to deal with them. Here's my short list of tips:

- Know your media. You need to know whom to work with. What local radio and TV shows cover public affairs? Are there community newspapers? Newsletters? Public access channels? Are there events at your community college? You need to research all the media resources in your area.

- Pick your story angle. You have to know your media and you have to know what the media covers. Remember the child who only wants to play if you're playing her game? The same applies here. You have to know how to play to join the game. What angle do they take on stories? What's the news peg? What gets aired: sensational stories? Consumer advice? Money stories? Politics? You want to know the angle, because you don't want your story buried.

You'll get better results if you take the sharpshooter approach rather than using a shotgun, blasting away and hoping you hit a target. For example, the editor of the financial page may not be interested in a straight release on a new accredited child care center opening up. However, if you pointed out what the new center would mean to the local economy, you'd have a good chance at placement. Make the business case for your story. In other words, you have to package a story for the particular media. And to do that, you have to know the media.

- Cultivate contacts. Find the beat reporters. Introduce yourself with a letter or phone call. Make a play date—I mean lunch date. Or send out a Rolodex card with a big heading and your name and number under it. Put a short bio on back. Be the person a reporter thinks of when researching a story. And positive reinforcement will get you everywhere. If you see a story you like, send the reporter a complimentary note. Believe it or not, reporters and writers get very little feedback and they like their work to be noticed. Another tip on contacts is to find a "water carrier." Is there a politician or public figure who makes a lot of speeches or appears on TV? Cultivate that person, too. Send letters, ask questions at her speeches, send him information. If you can convert a water carrier to your cause, she'll help spread your message for you.

- Follow up with your contacts. Once you've found a contact, you have to nurture that relationship. "Thank you" letters, holiday notes — or FYI notes. In other words, treat a contact like a friend. I follow up with anyone who belongs to a news organization. Once a librarian at CBS News called for an issue of Working Mother. I sent her the issue and a subscription and followed up with cards, notes, etc. When a story on a prominent custody case broke, reporters were digging and my librarian friend suggested me. I was on CBS news twice, 48 Hours and CBS This Morning, because of that contact.

- Discover deadlines. Remember that reporters are bad with delayed gratification. They want stories when they want them. You have to work around their timing. Find out when the lifestyle section of the newspaper closes. What's the lead time—the time it takes to get the story written, photographed and produced? Magazines work months in advance, newspapers are closer to the wire. Television wants a story yesterday, unless it's a special report. Professionals will respect you more if you make an effort to learn their deadlines.

- Consider your timing. If you pay attention, you can begin to get the rhythm of hard and soft news cycles. Hard news is earthquakes, war, and elections. Child care, education, and health are soft news. It's very hard to sell soft news when there's solid hard news around. The only exception is when there's so much hard news that the soft becomes a buffer. But generally, you'll get a better response if you pitch your story during a hard news dry spell. In other words, don't try to talk to a newsperson on the day San Francisco has a massive quake. Wait for those lulls, when they're scratching around for news.

- Do your homework. You never know when a soft cycle will hit. Be ready. Have your research ready, your facts ready, your anecdotes on hand. On my desk I have a red folder filled with facts on child care, work-family resources, and demographics of working mothers. My staff updates the folder constantly. We also have a computer database of 2,000 readers from across the country. So if a reporter calls I can offer information and real people.

- Practice piggybacking. It's not fair, it's not right, but I've learned this lesson: for the most part, the media really only wants to hear about child care when there's a scandal or when it can be part of a bigger story. You have to seize that opportunity. It is a teachable moment.

- Look for other teachable moments. Call a local TV producer and critique his treatment of child care. Say that his coverage is too negative, or there's too little coverage of child care, and you're going to file a complaint with the FCC. Stations, you know, are required to air community service spots and they take the FCC seriously.

Also write a letter to your newspaper. One day I wrote letters to the New York Times and USA Today, and I realized that these letters to the editor are the bottom fish in the media pool. Producers from CNN and the radio talk shows read USA Today religiously. I know because I got calls from them. And the news shows read the letters in the Times. That's where NBC Nightly News and McNeil Lehrer got my name. So don't just sit there, write a letter. Make a call. Educate the media.

- Create an event. This is the most labor-intensive strategy, and it's not always successful, but it can generate excitement. If you decide on an event, remember that it pays to be selfless. Who's going to care if it's the fifteenth anniversary of your center? No one, unless you pass out an award or citation. Invite a celebrity like the mayor. You can't just pat yourself on the back. You have to share or you won't be sharing any limelight. Gimmicks also help. We've had enormous success with our 100 Best Companies for Working Mothers because it is for others and it has the hook of a list.

In conclusion, my message today is that our role...must include the role of communicator. And we must be smart about communication... If we want the media to help us do this job, then we have to be much more savvy about the media... It is up to us to show and tell. To be ready. To be smart. To make the most of those teachable moments.

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Chapter 10

Assessing Results

QUESTIONS TO CONSIDER

Assessing Results

1. What is a result or outcome?

A result, or outcome, is "what is expected to happen" once the goals of a community mobilization initiative have been met. Typically, all the parties involved in the community mobilization process agree upon how the result, or outcome, will be measured.

2. How do results work?

It's important to look at the result, or outcome, as part of a cyclical process. Such a process begins when the parties involved in the initiative have a common vision; continues when they establish goals and strategies to fulfill their vision; ends with their reevaluation of the vision, goals, and strategies; and then starts up again with their evaluation of the goals and strategies.

- *Vision:* How you hope to shape the future. A vision is your view of what you want "the world" to look like when you are successful in your community mobilization efforts.
- *Goals and Objectives:* What you want to accomplish. Goals further define the vision as the ends toward which the mobilization efforts are directed. Goals are typically broader in scope than objectives, which tend to be more operationally defined. Increasingly, distinctions are being made between policy goals and objectives and between program goals and objectives. Results-based accountability holds programs accountable for achieving policy goals and objectives.
- *Strategies, or Action Steps:* How you achieve your vision and goals. Strategies, or action steps, are the activities undertaken to achieve a goal or objective.
- *Results:* What happens. Results are what happens over time in relation to a goal or objective, once the process is under way or completed. The term used in evaluation studies is "outcomes." In some circles, outcomes has become a controversial word. However, since it has a long-established usage in research, we use the words "results" and "outcomes" interchangeably. In cases where we quote someone, we use the terms they have used.
- *Impact:* What happens specifically as a result of an effort. Impact is inferred whereas results are described. Impact can be assessed only through experimental (or quasi-experimental) research. It is the specific effect or effects that are the results or outcome.
- *Indicator or measure:* A measure of position along an ordered continuum, which represents the

amount, level, intensity, or prevalence of a result related to the stated goal or objective. Sometimes the continuum is dichotomous, having only two positions: present or absent, while other times it is continuous: more or less. Usually one end of the measurement continuum represents the most desirable result, while the other represents the least desirable—e.g., a continuum measurement showing "increasing numbers of teachers/caregivers with higher education credentials," with a low and a high end, respectively. Sometimes, however, the desired result lies somewhere between the two ends of the continuum. Take "decreasing teacher/caregiver turnover," for example. There should not be 100 percent turnover each year of early childhood teachers/caregivers nor should there be 40 percent turnover, which is characteristic of child care staff in some communities. But, 0 percent turnover isn't desirable either because some people who enter the profession should not be there, and others reasonably leave their jobs to achieve career goals.

- *Benchmarks and/or progress indicators:* Specific levels of an indicator (i.e., positions on an ordered continuum) that provide reference points for comparison (e.g., "baseline" measures) or that mark the results you want to achieve. Examples of benchmarks include the following: "There should be a regulated child care space for one of every four children under age thirteen" or "twenty-five percent of centers should be accredited by the National Association for the Education of Young Children by the year 2000," or "All children will be properly immunized by the year 2010."

3.

Why is assessing results important?

As communities and states strive to change how their services are provided through community mobilization efforts, there has been increasing dissatisfaction with how service delivery is typically assessed. The widely used methods of evaluating success involve paying attention to inputs and outputs. For example: How many people used a given service? What activities have occurred? How much money was spent? How many reports have been prepared? The problem is that these methods measure the professionals' follow-through on the activities for which they are responsible but do not measure the results of the activities.

4.

What is the difference between impact and outcome research?

Outcome research provides information on whether a particular result was achieved or not; it does not show specifically what caused the result. For example, you might hope that through your initiative, the number of accredited early childhood programs will increase. Your outcome research shows that, after two years, the number of accredited centers has doubled. This assessment of outcomes does not show which (if any) of your efforts caused this increase. In fact, you have no way of knowing if this increase might have occurred even if your initiative never existed.

As stated earlier, impact can be assessed only through experimental (or quasi-experimental) research. An example of an impact study is the following: Early childhood programs are randomly divided into three groups. One group gets no outside assistance in becoming accredited; the second group gets assistance from support groups; the third group gets assistance from a facilitated accreditation project. Such a study can assess the impact of various strategies in increasing accreditation.

The impact assessment of community mobilization efforts poses a number of challenges that Kubisch, Weiss, Schorr, and Connell enumerate:

- *Horizontal complexity:* Since community mobilization efforts include many different sectors, it is difficult to determine which activities are most important for the evaluator to measure.

- *Vertical complexity:* These efforts are seeking change at the individual, family, and community level, but the social sciences still have only a rudimentary understanding of how community change affects children and families.

- *Contextual issues:* These include the economics of the community, racial barriers, and so on, which may enhance or inhibit the success of community mobilization efforts.

- *Flexible and evolving intervention:* Since community mobilization efforts are continually reinventing themselves, establishing a clear research design can be problematic.

- *Broad range of results:* Community mobilization efforts can create a broad range of results; implementing large-scale programs to replicate those results can be complex.

- *Absence of a comparison community or control group:* The standards of academic research (e.g., random assignment, the presence of an equivalent control group) are not typically feasible in community mobilization efforts.[1]

In this chapter we are deliberately concentrating on developing benchmarks and/or progress indicators, since, using them continues to be a promising community mobilization strategy. Benchmarks should never be used in place of rigorous research, however, because research studies linking actions with results are essential for assessing outcomes. The two methods of inquiry—both benchmarks and research studies—should be used.

5.

What can the use of benchmarks and/or progress indicators accomplish?

There are many advantages to using benchmarks and/or progress indicators. They can:

- draw members of a community together to agree on a vision, goals, and strategies;

- promote collaboration among public, private, and non-profit organizations;

- promote prioritization, as it is impossible to measure all results;

- clarify the public and funders' expectations about the intended results of mobilizing for children;

- help communities at the local and state levels measure their progress in achieving goals over time;

- help decision-makers as they allocate resources for services;

- cut or diminish red tape and bureaucratic micromanagement;

- Promote strategic thinking and planning about systems;

- provide information for future planning;

- assure funders that investments are leading to results; and

- mobilize community support—public, private, and non-profit organizations and individual citizens—for action on behalf of children and families. This support may be necessary, for example, to maintain a high level of energy driving the community mobilization effort if there is a transition in governmental leadership.

Lisbeth Schorr from the Harvard Project on Effective Services and her colleagues note that results-based accountability has some downsides. Those who are cautious about results-based accountability have the following concerns:

- Benchmarks and/or progress indicators could drive programs and policies to emphasize only activities that can produce quick and measurable results, when, in fact, some results may not show up for years.
- Effective programs or systems may not seem to be accomplishing anything because their benefits are difficult to measure.
- A results-based approach could lead to the abolishment of protective regulations.
- When budgeting decisions are made on the basis of results, good programs that cannot yet provide evidence of their contributions may be shut down.[2]

6.

Who has used benchmarks and/or progress indicators?

The impetus for using benchmarks and/or progress indicators comes from several sources. One is advocates or citizen groups that establish report cards as a way of holding "government's feet to the fire." For example, they may report on the level of infant mortality and give the state government a grade on whether improvements have been made, the status quo has remained, or the level has declined. Another group that promotes the use of benchmarks is the government. In this case, government officials agree on the outcomes they believe their actions are likely to affect and hold themselves accountable for those results. A third group consists of community mobilization leaders, including both government and non-government representatives. Together, they arrive at outcomes they expect to accomplish and establish benchmarks and progress indicators to measure their success.

7.

What types of benchmarks and/or progress indicators have been established at the community and state level?

As was discussed in the chapter "Assessing Needs," Sharon Lynn Kagan of the Bush Center in Child Development and Social Policy at Yale University suggests that data gathering can be grouped into four categories, or "buckets": 1) what children know and can do; 2) child and family conditions; 3) the supply, adequacy [and quality] of services; and 4) systems capacity.[3] As with needs assessments, most community and state benchmarking efforts fall into one or more of these categories.

CATEGORY 1

What Children Know and Can Do

Information on what children know and can do is gathered from observing children directly or reporting on direct observations by teachers and parents. Behaviors in this bucket include dimensions related to children's motor development, their social and emotional development, their use of language, their cognition and general knowledge and the way in which they approach learning.[4]

Much of the current interest in assessing young children came from the 1990 Conference of Governors and President Bush in Charlottesville, Virginia, which established national education goals. The first national education goal is: "By the year 2000, all children in America will start school ready to learn."[5] (It should be noted that the National Association for the Education of Young Children (NAEYC) issued a policy statement soon thereafter stating that children are born learning—the task is to help children enter school ready to "succeed," and to help schools meet the needs of children.)[6]

Following the Charlottesville conference, the National Education Goals Panel was established to chronicle the nation's progress toward meeting the National Education Goals over a ten-year period. Under the auspices of the Panel, two subgroups—the Goal One Resource Group and the Goal One Technical Planning Group—were asked to suggest ways to evaluate progress toward meeting Goal One. In 1993, the Panel identified the following five dimensions as essential to measurement efforts:

1. physical well-being and motor development (rate of growth and physical fitness as well as physical abilities, including gross motor skills, fine motor skills, oral motor skills, and functional performance);

2. social and emotional development (the child's feeling states regarding self and others and interactions with peers and adults);

3. approaches toward learning (openness to and curiosity about new tasks and challenges, task persistence and attentiveness, a tendency towards reflection and interpretation, and imagination and invention);

4. language usage (use of expressive and receptive language processes to communicate and understand the knowledge he or she has in order to gain new knowledge); and

5. cognition and general knowledge (child has physical knowledge, logico-mathematical knowledge, and social-conventional knowledge; has the ability to think about things not present, to solve problems, to put objects, events, and actions into all kinds of relationships; and has awareness of self, family, and community).

The purposes of assessing what children know and can do are:

- screening and evaluation;
- program improvement; and
- program evaluation.

While many individuals involved in community mobilization efforts are enthusiastic about assessing what children know and can do, others involved are concerned about making these kinds of evaluations. To further the debate, in June 1995 a forum of 37 scholars and practitioners in early education and care was convened by the W. W. Kellogg Foundation, the Carnegie Corporation of New York, and Quality 2000.[7] Those scholars and practitioners who believed that the risks of testing outweigh the benefits gave the following reasons for their thinking: tests might mislabel and stigmatize children, outcomes are narrowly defined, children's inexperience in testing may misconstrue their competency, tests may not provide ethnically and linguistically diverse children a chance to show what they know, and good testing instruments do not exist. The group did agree, however, that moving to an outcome- or results-based approach is feasible only if the following five conditions are met:

- There is broad participation in and agreement on outcome identification.

- It is possible to identify appropriate outcomes.
- There is clarity about which group or groups of children outcomes should target.
- Outcomes are measured properly.
- Child-based outcomes are linked to efforts to improve the lives of children.[8]

Maryland's Primary Assessment System

Maryland serves as an example of a state that has been grappling with how to assess whether children are ready to attend school. The state's interest in developing a new assessment system grew out of dissatisfaction with the most frequently used primary assessments: "in the late Eighties, parents, primary grade teachers, and experts in child development were decrying [the measures they were using as a] simplistic approach to evaluating children."[9] In December 1989, the Maryland Commission on the Early Learning Years was appointed "to examine the philosophy, policies, programs, methodologies, services and organization structure for students in the early learning years."[10] In 1990, the Maryland State Department of Education published *Schools for Success: A Vision for Public Education in Maryland.* In this report, a benchmark was announced: "Ninety-five percent of Maryland's students will start first grade ready to learn as demonstrated by readiness assessments." Two years later, under the guidance of Dr. Nancy Grasmick, State Superintendent, a law took effect which required that children educated in specific settings such as child care be assessed on their readiness to attend school.

This chain of events led to Maryland's efforts to design a multidimensional Primary Assessment System. Its purpose is to assist families, schools, and policymakers in helping children achieve success. "On-going immediate feedback on individual students will permit curricular adjustments and instructional changes at a critical time in the readiness continuum."[11]

Points of Accomplishment

An early step taken by the group of primary educators, community stakeholders, and the Maryland State Department of Education was to craft a vision.

> ...all children will be provided with opportunities that have a positive impact on their success in school.... The individual needs and strengths of every young child will be continually assessed to facilitate frequent adjustments and supplements to instruction.... Families, schools and communities are partners in preparing Maryland's young children to become life-long learners and contributing members of society.[12]

In addition, they developed a definition of school readiness:

> School readiness is the state of early development that enables an individual child to engage in and benefit from first-grade learning experiences. As a result of family nurturing and interactions with others, a young child in this stage has reached certain levels of physical well-being, and motor development, social and emotional development, language development, and cognition and general knowledge. School readiness as a philosophy acknowledges individual approaches toward learning as well as unique experiences and backgrounds of each child.[13]

Fifty-five Maryland primary level teachers developed key elements for the Primary Assessment System in 1995. They based their work on the five dimensions outlined above by the National Goals Panel. Their work is currently undergoing extensive review by national experts in education, Maryland teachers, and Maryland Department of Education staff. The following is a list of the key elements of the assessment process and selected outcomes:

- *Physical Well-Being and Motor Development:* The child independently uses fine motor control at a consistent level needed to function at school.

- *Social and Emotional Development:* The child demonstrates effective social functioning in school.

- *Approaches Toward Learning:* The child begins to recognize his or her strengths and needs.

- *Language Development:* The child comprehends language.

- *Cognition and General Knowledge:* The child applies mathematical concepts in formal and informal learning situations.[14]

These elements have become the "lens" by which national, statewide, and local assessments are judged. The Work Sampling System developed by Samuel J. Meisels and his colleagues was selected as the most congruent with Maryland's standards and is currently being field-tested.

The Maryland State Department of Education has expanded its field-test for the 1996-97 school year. It also plans to increase the involvement of the early childhood community; Head Start and other groups including Early Childhood Councils have expressed interest in joining the field-test. They are seeking grants to fund this expansion.

The process used in Maryland to develop an assessment of what children know and can do is a far cry from the typical top-down approach used to select most readiness assessments. Maryland's Primary Assessment System is different because it established benchmarks, created a vision, selected strategies, and included a widespread review process.

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Vermont's Annual Surveys of Kindergarten Teachers and of Parents

Vermont and several other states conduct state surveys of kindergarten teachers, much like the national survey of kindergarten teachers in Ernest L. Boyer's *Ready to Learn.*[15] Although Vermont's surveys do not directly assess children, kindergarten teachers in the state provide important information about children's school readiness. In addition, Vermont surveys the parents of kindergarten children. Among the characteristics that Vermont asks teachers to assess are the percentage of children 1) entering kindergarten who are ready to be active learners in school; 2) with sufficient concept/language skills to be active learners in school; 3) with sufficient general knowledge to be active learners in school; 4) with age-appropriate emotional development for active learning in school; 5) with age-appropriate moral awareness for active learning in school; and 6) with sufficient self-confidence for active learning in school.

By surveying parents, Vermont is able to assess the percentage of parents who 1) read to their children and 2) take their young children to libraries, museums, etc.

CATEGORY 2

Child and Family Conditions

Sharon Lynn Kagan defines the second category as containing information regarding the conditions surrounding what children know and can do: "The premise undergirding this bucket is that children's knowledge and skills are directly related to their health status and the conditions in which they live."[16] Information is typically gathered on children's health, family income conditions, and family life conditions.

Kristen Moore, Executive Director of Child Trends, Inc., a non-profit research firm that is working to improve the quality, scope, and use of research and statistical information concerning children, has collaborated with other researchers to develop social indicators of child well-being that include child and family conditions. These indicators include data from a number of domains, including:

- economic status;
- housing;
- family relationships;
- employment;
- community environment; and
- health.[17]

One of the most prevalent vehicles in the United States for assessing child and family conditions is Kids Count. This project, funded by the Annie E. Casey Foundation, measures the well-being of children in every state by collecting data on ten measures—including infant mortality rates, numbers of births to unmarried teens, high school dropout rates, and percentages of children living in poverty. Many communities and states using the data from Kids Count or other sources compare their results with those of other sites, but do not create benchmarks. Oregon and Minnesota, however, have set specific benchmarks, as discussed below.

Oregon Benchmarks

> As tangible measures of achievement, the benchmarks are much like a road map of progress. They give us a means to see where we are and where we would like to be.
>
> —Oregon Progress Board

The Oregon Benchmarks grew out of a 20-year vision developed in 1989 and published in Oregon Shines, which states:

> ...by the year 2010, we can distinguish Oregon as one of the few places that has maintained its natural environment, built communities on a human scale, and developed an economy that provides well-paying jobs to its citizens.

Following the publication of *Oregon Shines*, the state legislature created the Oregon Progress Board to shape the state's benchmarks—with considerable public involvement, to update the benchmarks every two years, and to report on the progress toward achieving each benchmark. In 1991, Oregon Benchmarks set forth benchmarks and/or progress indicators designed to guide and monitor the state's progress; they were unanimously adopted by the legislature.

Since then, there has been a move to create a bottom-up process. In 1993, the state legislature created the Oregon Commission on Children and Families and 36 corresponding county commissions to promote planning at the county level. Counties have access to county-by-county data on the benchmarks to use in creating their own coordinated local system development efforts.

Points of Accomplishment

Oregon has established a number of benchmarks that assess child and family conditions. For example, in 1980 the pregnancy rate among 1,000 females between 10 and 17 years old was 24.7. In 1992, it dropped to 17.9. The target is to reduce that number to 8 by the year 2010. The following chart shows selected family condition benchmarks and the state's progress in achieving them:

Benchmark	**1980**	**1992**	**Target 2010**
Percentage of children (0-17) living above 100% of the federal poverty level	88%	84%	100%
Percentage of healthy birth weight babies	95%	95%	98%
Percentage of babies whose mothers received adequate prenatal care (beginning in the first trimester)	77%	79%	95%
Infant mortality rate per 1,000	12.1	7.1	4.0
Percentage of current court ordered child support paid to single parent families	44%	50%	99%

As of 1995, some 272 benchmarks had been created. Given this large number of benchmarks, Oregon has developed a priority system, with some benchmarks selected as core and/or urgent and others that are short- or long-term.

In a 1994 report to the legislature, the Oregon Progress Board states:

> The benchmarks are truly an Oregon innovation, the work of thousands of citizens over the past six years. Never before has a legislature adopted measurable indicators to guide and monitor a state's progress. Never before has a state brought together so many public, private, and nonprofit organizations to pursue a shared vision and to measure progress toward that vision. Never before have so many institutions made such a broad commitment to gather data about how things are going and to make policy decisions based on such data.[19]

As examples of the ever-widening impact of benchmarks, the state's Commission on Children and Families was a pioneer in using benchmarks to plan programs supporting children and families at the local level. The same applies to local children and youth services commissions. Likewise, the Oregon Community Foundation and the Portland Area United Way use the benchmarks to focus their grantmaking priorities.

The federal government recognizes Oregon's results-based approach as very promising. Under the Oregon Option, federal, state, and local representatives work together to define benchmarks they want to achieve with federal money. State and local service providers have final discretion, but agree to be accountable for the results. This approach cuts red tape, which frees providers from hours of paperwork and allows them to devote "their time and energy to delivering services to clients. And it makes them far more accountable for outcomes that really matter."[20]

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Minnesota Milestones

Minnesota Milestones is based on principles similar to Oregon Benchmarks. It was initiated by Governor Arne H. Carlson in 1991, based on the belief that "defining a shared vision, setting goals and measuring results will lead to a better future for Minnesota's people."[21]

Points of Accomplishment

More than 10,000 Minnesotans participated in the process to develop the Milestones. They attended at least one of 45 meetings held across the state, filled out surveys, reviewed draft documents, or wrote letters. The result is a shared vision with common themes:

- Minnesota will be a community of people who respect and care for one another.
- Our economic activity will create wealth and provide a good standard of living for all our people.
- Our citizens will be good thinkers, creative, always learning, with the skills to compete internationally.
- We will protect and enjoy the natural world.
- Our government will be responsive, effective and close to the people.[22]

The State of Minnesota has developed 20 broad goals and 79 ways to measure progress toward these goals. In addition, grades are given on the progress being made to meet the goals: a "+" if half or more than half of the indicators are positive; a "-" if half or more of the indicators are negative; and a "+/-" if there are equal numbers of positive and negative indicators.

For example, one of the goals in Minnesota Milestones is: "Our children will not live in poverty." Using the decennial census, Minnesota found that 12.4 percent of its children lived below the poverty line in 1990. Their milestone for the year 2000 is that only 8 percent live below the poverty line. To meet the goal of not having Minnesotan children live in poverty, other indicators must be measured, such as the number of parents getting state-awarded child support.

Another goal in Minnesota Milestones is: "Families will provide a stable environment for their children." In meeting this goal, a number of indicators are measured, including teen pregnancy rates and the rate of divorces involving parents with children.

Still another goal is: "All children will come to school ready to learn." Indicators for this goal include the percentage of children with healthy diets as well as percentages of abused and neglected children.

In addition, the state has established a "children's services report card" which lists the 21 indicators that pertain to children so that communities can measure how their children are faring. Communities have access to the children's service report card through Minnesota's Planning DATANET computer system.

Specific strategies have been designed to achieve these goals; both the strategies and progress in meeting these strategies have been published by Minnesota Planning in a 1994 report entitled *First Steps: Kids Can't Wait*. In addition, Minnesota's Department of Education was abolished and the Department of Children, Families and Learning was created. There is also an Action for Children Commission, which is charged with developing a vision for children and families in the state and examining the state's service delivery system; a Children's Cabinet, an 11-member policy council of state agency heads charged with improving the service delivery system; and a Children's Interagency Technical Assistance Team (ChITA), charged with providing information and support to communities involved in systemic change. Finally, the Family Services Collaborative program is seen as creating an arena for bottom-up reform by providing grants to communities that agree to plan and implement major service delivery reforms for children and family services.

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Pittsburgh: Investing in the Future

Pittsburgh is one of a number of cities and states chosen to participate in Starting Points, a program funded by the Carnegie Corporation of New York. The name of Pittsburgh's project is Investing in the Future, and the goal of the project is:

> to implement a strategic process for building consensus and support for policies that emphasize prevention and ensure access to family support, health care, and early childhood services for all Allegheny County children, particularly those at highest risk.[23]

The leaders of Investing in the Future wish to develop strategies for maintaining public commitment for serving young children and families during times of political change. Through a variety of methods the project will educate the community in Pittsburgh about issues, strategies, and models for services, and conduct joint planning that will culminate in a common agenda to serve the city's children and families. One method to be used in Pittsburgh will analyze and compare the current costs of treating poor child outcomes with the projected costs of using preventive services. This analysis, conducted by Charles Bruner of the Child and Family Policy Center in Des Moines, Iowa, shows that "a reduction of only five percent in poor child outcomes would save more than enough 'treatment' dollars to fund family support centers throughout the county."[24]

Pittsburgh is using currently available data for its indicators, such as statistics on numbers of teen parents, numbers of children living in poverty, low birth weights, high school dropouts, and reports of child abuse. The leaders of Investing in the Future intend to develop a Human Services Information System that will organize data collection and reporting and make the indicators available on a quarterly basis for individual neighborhoods.

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CATEGORY 3

The Supply, Adequacy, and Quality of Services

Sharon Lynn Kagan characterizes the third category as "the services that exist and those to which children and families have access."[25] We have expanded this category to include proxies for the quality of services.

Indicators of Improvement in the Early Childhood Education and Care System

One of the original goals of the Families and Work Institute's community mobilization initiative, known as EQUIP, was to develop a Quality Audit. This is a procedure for collecting data that is designed to help states and communities measure their progress in the early childhood field. Because of the strong possibility that community and state efforts to collect data would occur piecemeal with less than rigorous standards, one of the goals of EQUIP has been to focus on obtaining consensus on valid indicators to assess the supply, adequacy, and quality of early childhood services.

To obtain this consensus, EQUIP joined with several other national organizations—the National Association of Child Care Resource and Referral Agencies and the Women's Bureau of the Department of Labor, as well as the Administration for Children, Youth, and Families of the U.S. Department of Health and Human Services—to form the Early Childhood Data Collection group. One of the first tasks of this group was to generate a list of potential progress indicators. Many individuals involved in the early childhood community mobilization movement and leading child care researchers reviewed the original list of indicators.

These Progress Indicators can be used to set benchmarks on the supply, adequacy, and quality of early education and child care services.

Quality of Early Childhood Education and Care

Parent-Teacher/Provider Relationships:

- An increasing proportion of parents feel good about the relationships they have with the people who care for and teach their children, and feel that their teachers/ providers respect their culture and family life.

- An increasing proportion of parents feel they have sufficient opportunities to communicate with the teachers/providers who care for and teach their children.

- An increasing proportion of parents feel they have opportunities to become involved in their children's early childhood education and care setting.

Career Commitment: An increasing proportion of teachers and providers care for children because that is what they want to do and enjoy doing.

Teacher/Provider Education: An increasing proportion of teachers and providers have Child Development Associate credentials (CDAs), one-year certificates, Associates' degrees, Bachelors' degrees, and advanced degrees in early childhood education, child and family studies, and so on.

Teacher/Provider In-service Training: An increasing proportion of teachers and providers receive ongoing in-service training.

Retention of Teachers/Providers: A decreasing proportion of teachers and providers leave the field each year.

Facilities: An increasing proportion of child care center/school programs are housed in facilities specifically designed for the care of children.

Equipment and Materials: An increasing proportion of family child care homes and child care center/school programs have developmentally appropriate equipment and materials for recreation and for learning.

Continuity of Education and Care:

- A decreasing proportion of children experience teacher/provider turnover each year.

- A decreasing proportion of families are forced to change their early childhood education and care arrangements because of changes in eligibility for child care assistance.

Teacher/Provider Compensation and Benefits:

- Increased earnings by teachers and providers.

- Increased education and training are linked to increased compensation.

- Increased receipt by center/school teachers and assistants of basic fringe benefits like health, disability, and life insurance as well as paid time off for vacations and sickness.

- Increased access among family child care providers to health insurance coverage and paid vacation time.

Conformance to Ratios/Group Size Standards: An increasing proportion of centers/schools and family child care homes meet professionally recognized standards for staff/child ratios and group size.
Conformance to Health and Safety Standards: An increasing proportion of child care centers/schools and family child care homes meet professionally recognized health and safety standards.

Teacher/Provider Affiliation:

- An increasing proportion of family child care homes participate in the Child and Adult Care Food Program.

- An increasing proportion of family child care providers belong to Family Child Care Associations and other professional associations.

- An increasing proportion of child care center/school staff belong to professional associations.

Accreditation: An increasing proportion of child care center/school programs and family child care homes are accredited by nationally recognized programs.

Diversity:

- An increasing proportion of parents have access to programs that meet their needs for racial, ethnic, and linguistic diversity or consonance.

- An increasing proportion of child care center/school programs have staff who reflect the racial, ethnic, and linguistic diversity of the families served.

- An increasing proportion of child care centers/schools and family child care providers serve and are prepared to serve children with special needs.

Affordability, Availability, and Accessibility

Subsidies: An increasing proportion of families that are eligible for direct subsidies or subsidized services receive them.

Family Expenditures: A decreasing proportion of families spend more than 10 percent of their gross income to purchase early childhood care and education services.

Work Constraints: A decreasing proportion of families experience constraints on work effort because of early childhood education and care costs/availability.

Visible Supply: An increasing ratio of listed/regulated slots to the number of children in community/subcommunity by age groups.

Parental Choice: An increasing proportion of parents feel they have real early childhood education and care choices.

Linkage to Other Services: An increasing proportion of parents have information about and/or access to other services in the community as needed through their early childhood arrangement or other agencies; increasing proportions of teachers and providers have access to needed services in their communities to assist the children and families they serve.

Reliability: A decreasing proportion of families experience early childhood education and care breakdowns due to the unscheduled unavailability of providers.

Self-Care: A decreasing proportion of children under 13 years of age are left to care for themselves.

Pre-K Experience: An increasing proportion of children attend high-quality programs at least part-time during the year before they enter kindergarten.

Note: Additional items will be written for school-age programs.

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Oregon Childhood Child Care and Education Data Group

Since 1989, a group of Oregon's child care leaders has been meeting regularly to establish child care benchmarks. This "virtual" group, as they call themselves, is "committed to the principle that planning and development for improved child care in Oregon should be data-driven".[26]

One of the major problems with establishing child care benchmarks is that reliable data on child care are not collected on a regular basis. In a paper before the American Statistical Association, Data Group members Arthur Emlen and Paul Koren—both with the Regional Research Institute for Human Services at Portland State University—state:

> State officials are embarrassed when they cannot answer simple questions like: how many children are in family child care? Yet anyone who has tried to estimate or guess such numbers by extrapolating from a variety of studies and census figures knows how frustrating it can be. The census is either out of date or not exactly what you need to know. Different reports use different age categories, define child care differently, and use numbers or percents of a different population base. The unit of analysis is the household in some reports and the child in others. Labor-force participation rates may be found for men and women, but not for mothers and fathers according to marital status, which would be more relevant to child care responsibilities.[27]

Points of Accomplishment

Arthur Emlen and Paul Koren recall wishing that they had a Rosetta Stone "to decipher the hieroglyphic statistics from different digs."[28] Instead, they and other leaders of Oregon's Data Group worked together to find and create reliable sources for obtaining information on a countywide basis about child care demand and supply in Oregon. The source of information about child care supply comes from the Oregon Care Resource and Referral Network. The sources of information about demand come from coupling annual census estimates of the child population—as supplied by Portland State University's Center for Population Research and Census—with survey data about families, their employment, and their child care. The survey questions were written by the Data Group and are included in the Oregon Population Survey, a biennial household survey.[29]

Oregon has established benchmarks on the supply and affordability of child care from these sources of information, which are analyzed with funding from the Oregon Child Care Resource and Referral Network. The state also has established benchmarks on quality and availability of employer-supported child care benefits.

Benchmark	1990	1992	1993	1994	Target 2010
Number of identified child care slots available for every 100 children under age 13	14			16	25
Percentage of families for whom child care is affordable		69%		67%	
Percentage of child care facilities which meet established basic standards	26%		36%		100%
Percentage of employers who offer child care benefits		4%		6%	20%

Notes: Identified child care slots means those that are either regulated by Oregon's Child Care division or programs that are known to Child Care Resource and Referral organizations. They include both center-based and family child care programs.
Affordability is defined as spending 10 percent or less of household income on child care. This is measured through a survey performed every two years.[30]

Oregon's current initiative is to introduce a quality-of-care measure into its results-based, data-driven planning for child care. With funding from the Administration on Children, Youth, and Families from the U.S. Department of Health and Human Services and from the AT&T Foundation as an EQUIP site, the Data Group will study quality-of-care from parents' points of view in order to develop a new benchmark.

Although some states and communities are content to define quality as the extent to which parents are satisfied with their child care arrangements, members of the Data Group know that the vast majority of parents report that they are satisfied with their child care, even when that care has been observed by researchers to be inadequate.[31] On the other hand, the Data Group members want the measure of quality to represent parents' thinking. Thus, they are taking an experimental approach, using focus groups and surveys to develop their quality-of-care benchmark and to create ways to measure their progress toward this new benchmark.

Starting Points

Vermont

With funding from the Carnegie Corporation of New York and under the leadership of Governor Howard Dean, Vermont has set a goal of "guaranteeing quality child care choices."[32] The project, called Starting Points Vermont, builds on their other community mobilization efforts: Success by Six, The Early Childhood Workgroup, and the State Team for Children and Families.

To accomplish this goal, the state has set a number of objectives and benchmarks, including:

Objective: Improve Parental Leave Benefits
Benchmark: The number of families having parental leave benefits and flexible work setting options available will increase 10 percent.

Objective: Ensure Quality Child Care
Benchmark: The number of accredited programs in the state will increase from 22 to 75.

Objective: Affordable Child Care Options

Benchmark: The amount of money that low-income families spend on child care will decrease from an average of 30 percent to no more than 10 percent of family income.

Objective: Develop Networks of Family-Centered Child Care Programs

Benchmark: Each of the eight AHS (Agency for Human Services) districts will have a recognized network of early childhood settings that meet standards established by the early childhood work group.[33]

Vermont is measuring the affordability benchmark by parents' responses to questions on surveys mailed out every two to three years to families with children in licensed or registered programs, and through surveys of parents through local Child Care Resource and Referral agencies.

It is important to note that benchmarks cannot be achieved without clearly delineated strategies. Vermont has outlined specific strategies for each of the objectives and benchmarks stated above.

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CATEGORY 4

Systems Capacity

The fourth category focuses on how services are linked and function as a system. According to Sharon Lynn Kagan, "This bucket assumes that service quality and efficiency are related to the quality and quantity of services, which, in turn, are related to children's readiness."[34] Examples of systems capacity include systems efficiency, systems infrastructure, and systems accountability.

Although no state or community to our knowledge has begun to assess the early education and care infrastructure, Quality 2000 has delineated "the essential functions of an early care and education system." Funded by the Carnegie Corporation of New York as well as the W.W. Kellogg Foundation, the Lucile and David Packard Foundation, and the Ewing Marion Kauffman Foundation, Quality 2000 was established in 1992 as the vehicle to rethink the early childhood field: "to work collaboratively to challenge conventional assumptions, to ask fresh questions, and to raise critical issues that have often been 'swept under the rug.' " As part of its work, Quality 2000 set up the Essential Functions and Change Strategies Task Force. The Task Force's work could be used to develop benchmarks that measure the progress of a community or state in developing an infrastructure which supports a quality early education and child care system.

Essential Functions of an Early Care and Education System from Quality 2000

Collaborative Planning and Cross-System Linkages

Planning

To create and implement long- and short-range plans across funding and delivery systems that foster coordinated service delivery to children and families.

Data Development and Utilization

To have and use accurate data for planning and assessing service availability, quality, and affordability.

System Evaluation

To establish and maintain mechanisms for annual evaluation of access, affordability, and equitable distribution of services across the system.

Linkages Within and Across the System

To establish effective communication and operational mechanisms that link all providers of early care and education with one another, as well as with health and social service agencies.

Transition to School

To develop the means to ensure cooperation with and communication between providers of early care and education and elementary school personnel.

Consumer and Public Engagement

Parents as Informed Consumers

To provide information and supports that will assist parents in making informed decisions, according to their needs and preferences, regarding the care and education of their children.

Consumer Engagement

To establish mechanisms that enable the field to inform, be informed by, and engage families in decisions that affect their lives and those of their children.

Public Engagement

To establish mechanisms the field can use to inform and be informed by various communities, and to build coalitions with those not traditionally involved in the field—such as neighborhood, political, and business communities.

Advocacy

To have a durable advocacy capacity that is broad-based, organized, and effective, and includes the ability to influence public attitudes, legislation and institutions, and private-sector workplace policies and practices.

Quality Assurance

Regulation

To have a system of regulations ensuring that quality is sufficient and is evenly applied to all providers, thus safeguarding children and protecting parents as consumers.

Enforcement

To have a system of enforcement that assures compliance with the regulations.

Voluntary Accreditation

To have a system of voluntary accreditation accessible to all family child care homes, centers, and programs.

Professional and Workforce Development

Systematic Training and Staff Development
To establish mechanisms that systematically attract, train, develop, and retain an adequate supply of current and future practitioners in a variety of roles, all of which involve commitment to supporting families, cherishing cultural diversity, and respecting children.

Supported and Valued Workforce
To assure providers work environments that optimize their individual and collective contributions, provide the time and space to rejuvenate skills, and offer adequate compensation and benefits.

Leadership Development
To create mechanisms for developing leadership capacity and to encourage people who can envision, re-envision, and inspire commitment to the early care and education field.

Financing

Adequate and Coordinated Financing
To have sufficient, coordinated, and flexible financing in order to aid parents and providers, provide appropriate salaries, cover capital expenditures, and leverage private with public dollars.

Equitable Financing
To assure that financing is distributed so that all children have equitable access to services and that service quality is equitably available across sectors and populations.[35]

MORE QUESTIONS TO CONSIDER

Assessing Results

8.

What are the principles of assessing results?

Communities should establish a set of principles that will guide them in their efforts to create benchmarks and/or progress indicators. Such principles were developed by 50 national organizations concerned with the well-being of children and families in January, 1994. These organizations came to a consensus on service integration issues. The agreement they developed states that principles on program evaluation should:

- be part of an ongoing process;
- be tailored to each community and shaped by community members; and
- give communities the information they need to meet their objectives.[36]

The organizations also determined that the following conditions should exist for the effective assessment of outcomes:

- Funding from all levels and sources, private as well as public, should balance accountability with the need to encourage service innovation.
- Federal and state agencies should establish uniform reporting requirements and standardize their data definitions.
- To support change, investments should be made in multiple strategies for needs assessment and program evaluation.
- Communities should receive technical and financial support in assessing needs and measuring progress.[37]

9.

What questions should we consider as we develop benchmarks and/or progress indicators?

Here are some key questions for communities to ask (along with answers) as they begin the process of developing benchmarks and/or progress indicators.

How can we tie our expected results to our shared vision?
As the above examples show, benchmarks and/or progress indicators are most effective when they are tied to a shared vision that is broader than early childhood (e.g., that also includes the economy, the environment, etc.). Thus, the vision is the starting point for developing benchmarks and/or progress indicators.

What are the most important goals and strategies for achieving our vision?
Once the vision is agreed upon, the second step for establishing effective benchmarks and/or progress indicators is to create specific goals and strategies for turning the vision into reality, including clearly delineated areas of responsibility. Goals can be prioritized into those that are core and/or urgent and short- and long-term.

Who makes up the core group responsible for the process of developing benchmarks and/or progress indicators, and how are they going to be organized?
The core group can be either appointed or self-appointed, but must be seen as having authority and competence. In addition, this group needs to communicate with and be responsible to the leaders and citizens of the community or state.

What consensus-building process will we use?
A community will work more effectively toward meeting goals if everyone involved is truly engaged in a consensus-building process to agree upon those goals and results. Arthur Emlen says that "the process of developing benchmarks can crystallize priorities for communities and create a collective focus for their efforts." One such process has been developed by the National Center on Educational Outcomes (NCEO). This organization has formulated a series of outcomes and indicators for early childhood, which it has grouped into categories called "domains," and has created a technique for group selection of indicators, which it has named Multi-Attribute Consensus Building (MACB). The MACB approach involves three stages:

- *Stage I: Generation of Input.* Stakeholders are identified and selected to participate in the process of developing indicators. Each participant is asked to create at least four indicators for each domain.

- *Stage II: Consensus Working Session.* The participants assemble for a meeting (presided over by a facilitator) at which they review and clarify the wording of the indicators. At this meeting, each participant assigns the indicators priority ratings on a scale of 0 to 100, which are input into a computer. Since there must be consensus on the ratings given to the indicators, the participants then discuss those ratings with a high degree of variability. The facilitator helps the participants arrive at consensus on the problem indicators.

- *Stage III: Synthesis of Consensus.* Final selection of indicators is made, based primarily on their rating. Indicators with a rating below 50 are generally dropped. Other selection factors may include availability of data, similarity to other indicators, and so on.[38]

The NCEO notes that there are both advantages and disadvantages to the MACB method. On the plus side, stakeholders have equal opportunity to engage in the desicion making process; discussions are kept focused on important areas; and participant satisfaction with the process and end product is high. Drawbacks include participants' differing response styles skewing results; too much time being spent re-wording the indicators; and individual participants' dominating group discussions. Overall, the NCEO has found that the process promotes a focus at an objective level: ". . . participants support the product they have produced, and the implementation and dissemination of the results."[39]

What informational resources do we need, and how can we access these resources?

There are a number of national organizations that provide technical assistance to community and state groups. A list of organizations and the services they provide can be found in the "Resource Guide" at the end of this book.

What benchmarks and/or progress indicators will we establish?

In addition to the national organizations listed in the "Resource Guide," throughout this chapter there are names of contact people involved in the projects we have described. Their work can be used as a guide in deciding on which benchmarks and/or progress indicators are most appropriate for the community mobilization project being considered.

How will we collect the data to measure our results?

The data needed on benchmarks and/or progress indicators used to measure results can be collected from a variety of sources. A publication of the Council of Governor's Policy Advisors suggests the following:

National Data Bases and Reports:
- Census Data
- Federal and Other Summary Reports
- National Surveys

State Data Bases:
- Agency Administrative Data Bases
- Provider Billing and Reimbursement Systems
- Vital Statistics
- Cross-Agency Data Sharing
- Quality Control Samples

State Surveys:
- Special State Census
- Longitudinal Studies
- Polls and Opinion Surveys[40]

How can we assure the rigor of our assessments?

It is crucial that the data used be valid and reliable. As such, they must represent a random group of the population. The questions asked must yield the information needed. The response rate must be high. The data must be entered properly, and the analyses must be conducted according to scientific standards.

Will there be an ongoing process of data collection and dissemination efforts for the benchmarks and/or progress indicators? If so, how is it to be paid for?

It is not prudent to establish a process of assessing benchmarks and/or progress indicators with a data collection and dissemination effort that is only going to be conducted once. There should be funds set aside for continuing data collection for the assessment of results.

How do we engage the public in establishing goals, strategies, benchmarks and/or progress indicators?

There are a variety of ways to engage the public in the process of agreeing on goals, strategies, and benchmarks and/or progress indicators: focus groups, town meetings—in person or televised—surveys, public comment by mail, the Internet, and so on.

How will we publicize the results of our efforts?

The National Governors' Association defines benchmarking as an "inclusive communications strategy. The public communicates its priorities to government on the results to be achieved for the state through the collective action of all of the relevant stakeholders, including government. Government then reports back to the public on its success in achieving those results."[41]

In order to assess whether benchmarks and/or progress indicators can become a new way of doing business in a state or community, the public at large as well as community and state leaders need to know about them and to feel ownership of the process. Communities and states can publish their own reports, disseminate them widely, give out information over the Internet, conduct public speaking tours, write articles for the printed media, work with television and radio stations to present special features, and so forth.

It is important that this information be presented in a user-friendly manner. Good advice on how to do this comes from Kristin Moore, Executive Director of Child Trends Inc. Moore and her colleagues suggest:

> ...we cannot expect policymakers and the general public to spend much time mastering complex and non-intuitive measures of well-being. Therefore, it is also important, if child indicators are to be a part of public discussion and policy debate, that they make sense to a lay audience.[42]

Moore's ideas include presenting data graphically; using simple charts with color; putting numbers on separate pages behind the graphics; and using measures that people recognize, such as percentages instead of ratios.

Some states and communities have become so enamored with the details of the data they have collected that they "drown" their audiences in too much information. Cheryl Mitchell, Deputy Secretary with the Vermont Agency of Human Services, notes that "benchmarks should be kept as simple as possible. They should be something you can hold in the back of your mind to track performance."

How can benchmarks and/or progress indicators be used to revise our programs?

Benchmarks and progress indicators are most useful as a part of an iterative process. Although, as stated earlier in this chapter, assessing results cannot provide information on impact—rather, benchmarks and/or progress indicators report whether a result was achieved—these data can help communities see how far they have come and how far they want to go to increase their efforts in meeting objectives.

Conclusion

Lisbeth Schorr and her colleagues note that results- or outcome-based accountability is not a panacea:

> An outcomes orientation does not guarantee the design of an effective community service and support system. Especially because current understanding of the precise connections between specific interventions and specific outcomes is limited, an outcomes orientation does not solve the problem of identifying needed and missing elements of a comprehensive approach to improving results. However, by informing and focusing the process, results-based thinking does seem to support the development of a culture that is less rule-bound and more mission-driven.[43]

The states and communities that have turned to benchmarks and/or progress indicators to measure their results are very enthusiastic. Assessing results is a positive means that focuses citizens on the future, that directs action toward meeting common goals, that measures if and how well these goals are being accomplished, and that holds leaders accountable for the outcomes of community mobilization initiatives. Benchmarks and/or progress indicators are essential for giving the community mobilization movement so much promise in bringing about real change.

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Appendix 1

State Initiatives

The descriptions of the state initiatives found in this chapter are reprinted with permission from the 1995 report "Governor's Campaign for Children: An Action Agenda for States," written by Linda McCart and Elizabeth A. Stief and published by the National Governors' Association (NGA), Washington, D.C. Copies of the entire report can be obtained by contacting NGA publications at (301) 498-3738.

It has become increasingly evident that to improve the well-being of young children, the service delivery systems that support them must be significantly changed. This requires identifying and leveraging areas where flexibility currently exists and encouraging state and local policymakers, program supervisors, and frontline staff to determine where additional flexibility would enable them to better meet the needs of children and families. It requires recognizing the diversity in states, communities, and individual families as well as their concerns, priorities, and resources. It entails exploring the constraints of the current system and experimenting with promising strategies to simplify and rationalize that system.

About twenty states are engaged in reform initiatives that are reorienting basic government systems—education, social services, health, mental health, and housing—to support new, more flexible activities in communities. Several states have established children's cabinets or councils to establish a vision for children and families and to develop a strategic plan for achieving the vision. Others have established family resource centers, streamlined eligibility processes, and decategorized funding in order to improve access to services. A few states have focused on removing state and federal impediments to improved service delivery, moving decision making down to frontline staff, and forming new partnerships among numerous stakeholders. All of these efforts are designed to enhance the ability of communities to meet the needs of their children and families.

Governors are also strengthening programmatic initiatives for young children and their families. Several states have implemented statewide improvements in maternal and child health services by expanding eligibility and forming new partnerships with other organizations, including businesses and other private sector entities. Other states are concentrating on increasing family stability by identifying high-risk families before problems occur, expanding parenting education programs, and providing intensive casework to families in crisis. Still others are expanding public preschool, child care, and Head Start programs and are implementing strategies to improve the quality of these programs. All of these efforts seek to invest in young children and their families early to avoid later costs of prison, foster care, dropping out of school, and other negative results. Most also include strategies to help communities better coordinate services for families.

Both system reform and programmatic initiatives recognize that investing in children is a long-term commitment that requires moving from approaches that deal with problems after they occur to approaches that prevent children and families from developing serious problems in the first place. The following descriptions highlight such innovative state investments in young children. They do not include all of the many efforts states are undertaking to improve the well-being of children but rather highlight a variety of programs and strategies.

Alabama

The Alabama Department of Human Resources is reforming the state child welfare system following the 1991 settlement by consent decree of R.C. v. Hornsby, a class action lawsuit challenging the state's protective and foster care services for emotionally disturbed and behaviorally disordered children. As of fiscal 1995, eighteen of Alabama's sixty-seven counties had initiated reform efforts. With the support of Governor Fob James Jr., statewide implementation will be completed by October 1, 1999. Significant gains are being made in participating counties in protecting children from harm; enabling children to live safely with their families; and, if children cannot safely remain with their families, by providing services to enable them to achieve stability and permanence in their living situation. In the first two groups of counties undergoing reform, the number of children in foster care decreased by 36 percent and 42 percent, respectively. For the entire state, the foster care population decreased from 4,623 children in the fiscal year 1991 to 3,783 in the fiscal year 1994, a reduction of 19 percent. Without intervention, the number of children in the department's custody had been projected to increase to 4,990 by September, 1994.

One of the efforts developed as a result of this reform initiative is Alabama's Family Options, a short-term, intensive, intervention service for families to prevent the unnecessary removal of children from their homes. Under Family Options, families are provided with intensive services in their homes by specially trained staff who are available twenty-four hours a day during the four- to six-week intervention period. Eligible families include those with a child who is at risk of immediate out-of-home placement. Family Options serves between 500 and 600 children and their families per year. Among those families participating in Family Options in the fiscal year 1994, 84 percent of the children safely remained at home with their families at the end of the intervention year. Family Options will be expanded over the next five years through the state's Family Preservation and Support Services Plan funded under Title IV-B of the federal Social Security Act.

In a related effort, county departments of human resources receive flexible funds for meeting the immediate needs of children and families that, if not addressed, could result in children's entry into foster care or disruption of children's current foster care placement. County child welfare staff also use these funds to support family reunification. In addition, Alabama is working to improve the competencies of child welfare workers and supervisors through skills-based training. With the assistance of the Atlanta-based Child Welfare Institute, the state department of human resources has developed an eight-week training curriculum designed to help child welfare staff engage families in addressing the underlying causes of child maltreatment. To date, more than 700 workers and supervisors have completed this training.

Alaska

In Alaska, Governor Tony Knowles has recently formed a children's cabinet to support collaborative program planning across state agencies and departments for young children and their families. Members include the commissioners of health and social services, community and regional affairs, education, corrections, and law. The cabinet will build on the work of the Interdepartmental Committee for Young Children, a group made up of managers of children's programs across these five state agencies and the department of environmental conservation, which is responsible for child care licensing. The cabinet is charged with overseeing the implementation of an interdepartmental workplan for ensuring a comprehensive, high-quality system of services for young children. Currently, the cabinet is working to expand the Alaska Children's Trust Fund.

Alaska has also invested heavily in the early education and care of young children. The state supplements federal Head Start dollars with about

$5 million in state appropriations. This money is used primarily to provide services to pregnant women and children below age three through a network of Head Start parent-child centers. In addition, the state has developed a media campaign to help parents make informed child care choices. The "Who's Watching Your Child?" campaign uses public service announcements, billboards, posters, and pamphlets to increase public awareness of the importance of quality child care as well as quality indicators that can be used to evaluate providers.

American Samoa

The Child Development Services (CDS) program was established in 1985 to provide comprehensive services to developmentally disabled children in American Samoa. Although all children below age twenty-one with a developmental delay or at high risk for one are eligible, the primary focus of the program is on infants and children from birth through age six. CDS provides physical and occupational therapy services for these children in settings convenient for the child and family, including the child's home, school, or day care setting; the hospital; or the CDS office. The program provides screening, evaluation, and direct therapy services as well as consultation services, medical equipment evaluation and ordering, family training, and training and instruction to other service providers.

To ensure that children receive coordinated and comprehensive services, CDS works closely with all agencies and individuals interacting with the developmentally disabled population. These include hospital staff and agency staff from social services, public health, special education, regular education, early intervention (Part H of the Individuals with Disabilities Education Act), and vocational rehabilitation. As part of these cooperative efforts, CDS is now part of the hospital discharge planning team for infants with complications, such as failure to thrive syndrome, seizure disorders, and head trauma, that put infants at high risk for developmental delays. These children are followed by a team of nurses and therapists from the CDS program and the public health department's nutrition and case management divisions to provide continuity of care from hospitalization to home. With the support of Governor A.P. Lutali, CDS is primarily funded through the Developmental Disabilities Planning Council, with additional contributions from special education, public health's maternal and child health program, and Part H. The department of health administers the program and provides office space and financial supervision.

Arizona

The Governor's Division for Children was established in 1985 by executive order. Its mission is to promote and advance the strength and well-being of Arizona's children and families and to provide a single, strong voice for children from within the executive branch of government. The division assists the Governor in evaluating and improving the effectiveness of state agencies and systems that deal with children, youth, and families as well as serves as an advocate for children and their families in state policymaking.

Under the leadership of Governor Fife Symington, the legislature passed the Children and Families Stability Act in a special legislative session during the summer of 1994. This comprehensive new legislation seeks to ensure that all young children in the state start school ready to learn. The act establishes three new prevention programs focusing on the healthy development of young children. The Healthy Families program uses trained home visitors to reduce child abuse and neglect, strengthen family relations, and promote optimal child development among at-risk families. The Family Literacy program offers basic education services for undereducated parents of preschoolers, early childhood development activities for their preschool-age children, and parent-child learning activities to strengthen parents' ability to be their children's first teachers. The Health Start program provides health education and counseling for pregnant women and children in high-risk neighborhoods through the use of paraprofessional home visitors. The legislation also establishes a Joint Committee on Children and Families and directs the Arizona Department of Health Services to develop a children and families resource directory, including all private and public organizations that provide early childhood services. The directory will be distributed through hospitals to all families with newborn children. Under the leadership of Governor Fife Symington, the Arizona state legislature passed the Children and Families Stability Act in a special legislative session during the summer of 1994.

Arkansas

Arkansas' Home Instruction Program for Preschool Youngsters (HIPPY) is a home-based enrichment program for at-risk young children ages four and five and their parents. Originally developed in Israel by the National Council of Jewish Women, HIPPY was first piloted in the United States in 1984 and was introduced in Arkansas in 1986. The program seeks to break the cycle of undereducation, unemployment, and poverty among educationally disadvantaged families by working with parents to enhance their role as their children's first teachers. Paraprofessionals from the parents' own communities train parents in developmentally appropriate readiness activities and positive reinforcement techniques. Parents are required to work with their children fifteen minutes a day, five days a week, thirty weeks a year for two years. The second year coincides with the year the child enters kindergarten. In addition to home visits, parents gather twice a month for group enrichment activities that provide peer support and connection to community resources such as health, education, and human services.

Thirty HIPPY sites located in 54 counties and 137 school districts across Arkansas serve approximately 10 percent of all four- and five-year-old children, or 5,500 children. Nine programs offer a three-year-old program to 174 children. HIPPY hopes to make the three-year-old curriculum available to all HIPPY sites. Funding for HIPPY comes primarily from the Arkansas Better Chance Act of 1991. Additional funding comes from Title One, Head Start, Even Start, private foundations, and businesses. Today, there are 107 HIPPY programs in 24 states that provide services to more than 15,000 families nationwide.

As part of his Early Childhood Initiative, Governor Jim Guy Tucker convened an Early Childhood Institute to provide a forum for the preschool and public school communities to discuss young children's transitions from early care settings into schools as well as developmentally appropriate curriculum and assessment. Head Start, HIPPY, and child care representatives were in attendance, along with school superintendents, elementary school principals and teachers, and personnel from the departments of general education and higher education. Through this initiative, Arkansas hopes to begin to develop guidelines for early childhood transition, curriculum, and assessment.

California

Since his inauguration in 1991, California Governor Pete Wilson has focused his efforts for young children on promoting preventive, community-based children and family services through a number of new initiatives. The cornerstone of the Governor's preventive agenda is the Healthy Start program. This program provides funding for school districts to coordinate and integrate health and social services for children at the school site. More than 370 schools across the state now operate such programs. To date, Healthy Start has assisted more than 230,000 children and their families.

Governor Wilson also has expanded health insurance coverage for pregnant women and young children through the Access for Infants and Mothers (AIM) program. This public/private partnership was established in 1991 to ensure that low-income uninsured women have access to prenatal, well-baby, and maternity services. The program subsidizes private health insurance to provide low-cost coverage on a sliding-fee scale to pregnant women and infants who have family incomes at or below 250 percent of the federal poverty level and who are not eligible for

Medi-Cal (California's Medicaid program). The program covers full health care services for children for the first two years of life. Since its inception, AIM has served more than 32,500 women and children.

The Governor has recently proposed another state-supported health insurance program that would expand access to coverage for uninsured children below age five. Under the California REACH (Reaching Early Access for Children's Health) program, about 600,000 legal resident children would be eligible to receive a limited package of primary, preventive, and necessary outpatient services to promote their healthy growth and development.

To ensure that low-income families have access to high-quality preschool programs, the Governor has also expanded the state preschool program to double the number of children served. The program now serves more than 42,000 three- and four-year-olds.

Colorado

First Impressions, Governor Roy Romer's early childhood initiative, is working to improve results for young children by focusing on their needs for health care, early childhood care and education, recreation, nutrition, mental health, and effective parenting. Chaired by First Lady Bea Romer, the initiative is providing technical assistance and support to local communities in creating programs and services for young children and their families, pooling existing funds to better meet their needs, and building leadership capacity among parents and early childhood advocates to influence the policymaking process. The initiative is also encouraging reform at the state level through an interagency workgroup composed of management-level representatives from the various state departments. This workgroup—the State Efforts for Early Childhood Services Team—has recently been codified by executive order as the Colorado Children's Cabinet.

To reform the way the state delivers services to children and families, Colorado has completely reorganized its department of human services. Comprehensive legislation passed during the 1993 legislative session combined the departments of social services and institutions into a department of human services, created a new department of health care policy and finance to incorporate Medicaid and health programs from three different agencies, and renamed the department of health as the department of public health and environment. The goal of this restructuring is to build a service system that is efficient and effective; reduces service fragmentation and duplication; emphasizes prevention and early intervention of family problems; creates partnerships with local communities; promotes service systems driven by family and community needs rather than categorical funding; and maximizes service funding and opportunities at the federal, state, and local levels.

In his 1995 state-of-the-state address, Governor Romer announced a new campaign to reach out to communities statewide and encourage them to commit to the state's vision and a common agenda for young children. The agenda is called "Bright Beginnings" and the goal is to make Colorado the best state in the nation for children to be born and to grow. Through Bright Beginnings, the Governor's office has initiated partnerships with the state legislature, the media, clergy, senior citizens, child advocates, and business leaders to bolster grassroots efforts across the state on behalf of young children. The first three to four years of the initiative will focus on meeting the needs of young children from before birth to age three through universal voluntary home visitations for parents. Bright Beginnings will be supported by two new efforts of the Governor's office: the creation of a task force to look at issues related to promoting responsible fatherhood and the creation of a business commission to explore issues of child care financing.

Connecticut

To forge ties between schools and families and improve results for children, Connecticut has developed a network of family resource centers located in or near schools. These centers are guided by local advisory councils composed primarily of parents and are designed to provide comprehensive, community-based family support services such as parenting education, family literacy, and preschool- and school-age child care. For families with additional needs, resource and referral services are available. With the support of Governor John G. Rowland, there are currently 18 such centers across the state, serving 3,500 families. Family resource centers are funded through state and federal appropriations, augmented by funding from foundations, corporations, and other sources.

Delaware

Governor Tom Carper has established a goal of coordinating all state services to Delaware families. One of his first acts as Governor was to establish a Family Services Cabinet Council, which he chairs. The council was formed to develop a statewide family strategy that focuses on prevention services. Current initiatives include universal access to parenting education, a statewide teen pregnancy prevention campaign, welfare reform, health care reform, and school- and community-based services for children and their families. The council envisions making a continuum of services accessible to parents that would respond to their varying levels of need.

The council is working with service providers and the state's colleges and universities to finalize a plan to provide access to different levels of parenting education for all new parents in the state. A "Growing Together" portfolio, which provides parenting tips and outlines healthy development for children up to age five, has been developed and will be provided to all parents in the state before they leave the hospital with their newborn. Delaware has also developed a comprehensive statewide plan for career development in early care and education that matches levels of training and experience with compensation. In addition, Governor Carper has called for enrolling every eligible four-year-old in Head Start over a three-year period.

Florida

Under the leadership of Governor Lawton Chiles, Florida reorganized its department of health and rehabilitative services (HRS) to move decision making authority and responsibility to the community level. Local health and human services boards provide overall direction for the delivery of health and social services in their communities and are responsible for conducting needs assessments, developing strategic plans for improving results for children and families, and evaluating progress in achieving measurable objectives. Last year, the legislature increased funding for children's prevention services by nearly $240 million. Among the programs that received increases are subsidized child care, prekindergarten, family services, and the Healthy Start program for pregnant women.

As a result of Governor Chiles' Healthy Start program, the infant mortality rate in Florida is the lowest in the nation. Through Healthy Start, more than 500,000 needy women and children have received the medical care and treatment they need to ensure their babies are healthy and will grow up ready to learn and do well in school. Florida has also worked to enhance its immunization programs. Since 1991, the immunization rate for two-year-olds in Florida has improved by 23 percent.

To ensure coordination among the programs and agencies serving preschool children, the Governor has established a State Coordinating Council for Early Childhood Services. Council members are appointed for three-year terms by the Governor, commissioner of education, secretary of health and rehabilitative services, president of the senate, and speaker of the house of representatives. Duties of the council include monitoring the joint strategic plan for prevention and early intervention services for children from birth to age five developed by the department of education and HRS and recommending innovative financing strategies, including cooperative funding, coordinated services, public/private partnerships, and maximization of federal dollars.

Florida also has a number of child welfare reform initiatives. In 1993 the state established a Family Service Response System (FSRS) to offer a nonadversarial response to reports of child abuse and neglect. Without placing the child at risk of further abuse, one of the primary goals of this system is to engage families in constructive and supportive relationships with service providers who strengthen the family unit. FSRS gives a caregiver the opportunity to seek needed assistance without the stigma of being classified on the statewide abuse registry as a perpetrator. Through successful family preservation efforts such as Family Builders and Intensive Crisis Counseling, HRS diverted 2,304 children from foster care in the fiscal years 1993-94. Since 1991, HRS has reduced the size of Florida's foster care population by ten percent. Through aggressive outreach efforts and by establishing a staff solely dedicated to adoptions, HRS has also increased the number of children placed in adoptive homes from 900 in the fiscal years 1990-91 to a record 1,310 in the fiscal years 1993-94, a 46 percent increase.

Georgia

Under the leadership of Governor Zell Miller, Georgia's Initiative for Children and Families is transforming services and streamlining government to create a more responsive and flexible system designed and guided by communities and families. Representing a partnership among families, communities, advocates, business leaders, foundations, non-profit organizations, and state agencies, the initiative seeks to create a service delivery system that is family-focused, community-based, results-oriented, and prevention-focused. Five pilot communities have conducted needs assessments, reconfigured and streamlined their service delivery systems to allow for one-stop shopping, and implemented refinancing techniques to maximize the use of local, state, and federal funds. An additional fifty communities have reform efforts underway through Georgia's Family Connection program, a collaborative effort of families, communities, business leaders, elected officials, state agencies, advocates, and non-profit organizations to integrate education, health, and social services to support children at risk of school failure and their families. The Children's Initiative is integrating the work of Georgia's many existing reform efforts into a comprehensive plan for improving services for all children and families. Funding for the initiative reflects a partnership between the state and several foundations, particularly the Whitehead Foundation and The Pew Charitable Trusts.

In the fall of 1995, Georgia will become the first state to offer universal prekindergarten services to four-year-olds. With the support of Governor Miller and the Georgia Business Roundtable, the state legislature has appropriated more than $157 million from state lottery funds to serve an additional 48,000 children in the voluntary prekindergarten program. An additional $3 million was appropriated for capital outlay for areas of the state that lack adequate public or private facilities. Georgia's prekindergarten program provides developmentally appropriate experiences for all four-year-old children and coordinates comprehensive services for at-risk children and families through collaboration with public and private agencies.

Hawaii

The Healthy Start program in Hawaii is a home-based intervention program designed to enhance parent functioning, encourage optimal child development, and prevent child abuse and neglect. Healthy Start began in 1985 as a three-year demonstration project in one site on the island of Oahu. In 1988 Healthy Start received approval as a state program and statewide expansion began. Healthy Start is supported by Governor Benjamin J. Cayetano and is administered by the maternal and child health branch of the state's department of health. Services are provided by seven non-profit organizations, under contract to the department of health. Healthy Start serves pregnant women and mothers with children up to the age of three months. Participants are identified by screening hospital birth records and interviewing new mothers to determine whether families may be at risk for child abuse. Physicians and public health agencies may also refer participants prenatally. Currently, thirteen program sites statewide screen about 55 percent of the state's newborn population. This percentage is expected to increase to 90 percent by the end of 1995.

Healthy Start programs include postpartum screening assessment, paraprofessional home visitation, case management services, parent support groups, and community education. Services are voluntary and continue until children are five years old. Additional services offered at some sites include respite care to give parents relief from child care, male home visitors to work with fathers, and parent-child play mornings. The maternal and child health branch of the department of health reports that the incidence of abuse or neglect among program participants is less than 1 percent, compared with the approximately 18 percent to 20 percent estimated among high-risk populations. Assessments of parent-child interaction using the Nursing Child Assessment Satellite Training instruments show significant improvement among participants over time in several areas of parent-child interaction and home environment.

To replicate this successful program, in January 1992, the National Committee to Prevent Child Abuse, in partnership with Ronald McDonald Children's Charities and the Hawaii Family Stress Center, launched the Healthy Families America project. Today there are more than 100 Healthy Families America programs in 20 states based on the Hawaii Healthy Start model, with several states moving toward statewide implementation.

Hawaii has also established an Early Childhood Education and Care Coordinating Committee. Co-chaired by the director of the Governor's Office of Children and Youth and a private sector representative from the Hawaii Business Roundtable, this temporary advisory committee is charged with preparing a master plan for a coordinated system of early childhood education and care. The plan will address staff training and development, quality standards and regulation, parent/consumer education, data collection and access, fiscal and resource development, and assessment and evaluation. It will also identify outcomes and benchmarks for early childhood education and care in Hawaii. The committee will set up a permanent coordinating body for early childhood education and care in the state.

Idaho

With the support of Governor Philip E. Batt, the BRIDGES case management program for pregnant and parenting teens seeks to move government from the role of funder to the role of investor, by pooling resources to reduce costly outcomes associated with teen pregnancy. This is achieved through a partnership among the Southwest District Health Department; Terry Reilly Health Services, a private non-profit community and migrant health clinic system based in Nampa, Idaho; and the Idaho Department of Health and Welfare. The project focuses on the six counties with the highest teen pregnancy rates.

Primary objectives of the project are to improve birth outcomes; address maternal substance abuse; teach effective use of health care throughout pregnancy and childhood; improve parenting skills to prevent abuse and neglect; increase financial independence through education, employment, and child support services; and discourage repeat pregnancies during adolescence. Services are available through district health departments or Terry Reilly Health Services. Preliminary results are very encouraging. In its first year, the program served about 200 pregnant and parenting teens. These teens were found to have fewer low-birthweight infants and greater participation in prenatal care, compared with their counterparts in the region and elsewhere in Idaho. An independent program evaluation found that the BRIDGES' investments are paying off in terms of healthier babies, more capable teen parents, and the associated cost savings to Idaho citizens.

Illinois

Governor Jim Edgar's Project Success initiative in Illinois is working to involve every school and community in the state in building networks of support services on behalf of children and their families. A collaborative effort of eight state agencies and the state board of education, the initiative focuses on early intervention and seeks to maximize the use of existing resources to improve child and family well-being and ensure children's school success. In thirty-nine communities across the state, Project Success has local governing boards composed of parents, school personnel, local human service agency representatives, and businesses. The boards identify problems at the elementary school level that interfere with children's academic success and coordinate health and social services to address these problems. A steering committee at the state level provides start-up grants and technical assistance to the local sites.

First Lady Brenda Edgar's Help Me Grow initiative, a public/private partnership with Ronald McDonald Children's Charities, seeks to raise awareness about state programs for children and families and to make these programs more accessible through a toll-free number, 1-800-323-GROW. Since its inception in April 1993, Help Me Grow has assisted more than 35,000 Illinois families access preventive services. Under the initiative, several statewide public awareness campaigns have also been launched in the areas of immunization, child safety seats, prenatal care, violence prevention, child abuse prevention, and foster parent recruitment. Since the kick-off of the program, Help Me Grow has gained more than twenty-five corporate and civic partners. Through one such partnership with Marshall Field's Department Store, the P.J. Huggabee bear was created. For each bear purchased, another bear is donated to a child entering the protective custody of the Illinois Department of Children and Family Services (DCFS). Three other First Ladies have adopted some form of the Help Me Grow initiative in their state.

Illinois has also partnered with the private sector to promote the well-being of children and adolescents through the Ounce of Prevention Fund. Established in 1982 when the Pittway Corporation joined forces with DCFS to develop a preventive approach to the growing number of cases of child abuse and neglect and the rapid increase in the number of children entering the state's foster care system, this public/private partnership has grown to involve many other public, private, and non-profit groups. The fund now serves more than 6,000 children and families annually in a number of prevention-oriented programs, including comprehensive child development and teen pregnancy prevention programs.

DCFS has also formed a partnership with the Illinois Facilities Fund (IFF), a statewide non-profit corporation, to increase the number of child care facilities in distressed neighborhoods. In return for IFF taking the financing and construction risks, DCFS agreed to repay IFF's debts. To date, IFF has borrowed $13 million in construction funds through tax-exempt bonds, received a $2 million grant, and obtained a $1 million no-interest loan to build seven new child care facilities in Chicago. Six of these centers are now open, serving 1,400 children.

Indiana

Through the Indiana Collaboration Project, Governor Evan Bayh has established a partnership with the federal government to streamline and resolve barriers to the delivery of comprehensive services to children and families at the local level. Based on the Indiana Consolidated State Plan on Services to Children approved by the Clinton administration in 1993, the project encompasses almost 200 federal programs administered by six federal departments. To facilitate the removal of barriers to improved service delivery, interdisciplinary teams have been formed at the community, state, federal, and regional levels.

The project also builds on Indiana's Step Ahead initiative. Through Step Ahead, all 92 counties in the state have formed local councils with broad community representation to develop comprehensive service delivery systems for children and families with an emphasis on early childhood development. Each county has conducted a needs assessment and has developed a plan of action to address identified needs. The Step Ahead initiative is redesigning and streamlining services for young children and families in four broad areas: "educare" services (i.e., child care and preschool services), family support services, health and nutrition services, and mental health services.

Iowa

To reform the delivery of child welfare services to children and families, Iowa's Decategorization Project allows counties to combine various state and federal child welfare funding streams into a single community child welfare fund to increase flexibility and shift decision making to the local level. Under the leadership of Governor Terry E. Branstad, the initiative seeks to encourage the development of innovative and flexible funding arrangements for children, youth, and family services and to focus the system on community-based, family-centered, prevention-oriented programming. Counties are required to create a joint governance structure, including the local department of human services, the juvenile courts, and the county board of supervisors. They are given the authority to design their own decategorization service plan. Counties are permitted to carry over unexpended funding and reinvest these dollars in community prevention initiatives.

Since the inception of decategorization on a pilot basis in two locations in 1987, there has been consistent support for this innovative approach to service delivery. In 1992, the Iowa General Assembly enacted statutory language allowing additional counties to participate in the project. Effective July 1, 1995, there are 19 decategorization projects encompassing 33 of Iowa's 99 counties. Two thirds of Iowa's children reside in decategorized counties where child welfare services are locally designed and governed.

Kansas

Governor Bill Graves has implemented a statewide campaign in Kansas to improve immunization rates among young children. Staffed by the Kansas Department of Health and Environment, "Operation Immunize" seeks to eliminate cost and access barriers that keep parents from immunizing their children. Through the initiative, vaccinations are provided free of charge for children below age three and for a nominal cost to older children. To accommodate working parents, clinics are held on weekends and in convenient locations, such as shopping malls, churches, temples, schools, and apartment complexes. As spokeswoman for Operation Immunize, First Lady Linda Graves has taken the lead in educating Kansans on the importance of immunization. In a complementary effort to improve access to immunizations, in April 1995, Governor Graves signed a new law requiring health insurance policies to include full coverage of all routine and necessary immunizations for all newborn children of insured parents.

Kentucky

The Kentucky Commission on Families and Children was established by Governor Brereton C. Jones in 1994 to provide for consistent statewide planning, coordination, and local decision making on behalf of Kentucky's families and children. Composed of six members of the Governor's Cabinet, the state commissioner of education, and seven citizens from the private sector, the commission has been charged with developing a plan for the establishment of a comprehensive, family-focused, outcome-oriented, consumer-driven system for funding and delivering services to children and families. The goals of the commission are to improve family functioning, reduce barriers to learning, and improve child health and development.

To meet these goals, the commission has launched the Kentucky Family and Children's Initiative to work with communities across the state to improve the delivery of services to children and families at the local level.

In March 1995, applications to participate in the initiative were sent to hundreds of local agencies—public and private—as well as school districts, cities, and counties. The heart of the change process envisioned by the initiative is to build local community collaboratives for families and children that establish visions for their communities; work to build communitywide support for those visions; assess existing services and identify perceived barriers to, or gaps in, services; develop and coordinate local service delivery plans to meet identified needs and clearly define results for children and families; measure these results; and maintain standards of accountability for systems and the community as a whole.

To assist communities in their efforts, the state will provide technical assistance on changing systems and overcoming state and federal policy and fiscal barriers. No limit has been set on the number of community proposals that can be approved. Communities will be selected to participate in the initiative by September 1, 1995. The planning process of the communities should be completed by June 30, 1996.

Louisiana

The Louisiana Children's Cabinet was formed by the state legislature in 1992 to coordinate policy, planning, and budgeting for children and family services. The cabinet exists as a state agency within the office of Governor Edwin W. Edwards and is charged with coordinating service delivery; monitoring and evaluating the effectiveness and efficiency of services; and adopting and implementing a children's budget that pools funds from a variety of sources and redirects them from crisis intervention and residential programs toward prevention, early intervention, and family preservation. Cabinet membership includes the secretary of the department of social services; the secretary of the department of health and hospitals, or a designee; the deputy secretary for corrections services in the department of public safety and corrections; the state superintendent of education; the commissioner of administration; the executive budget officer; a representative of the Governor; a member of the house of representatives; and a member of the senate.

Maine

Under the leadership of Governor Angus S. King Jr., Maine is working to create a Healthy Start system to improve the health and well-being of families and young children across the state. The system will offer all new families core supportive services and provide intensive home-based services to those families needing more help. Its primary goal will be to strengthen families by promoting a positive, proactive approach to parenting. The Healthy Start system is based on the recommendations of the Healthy Start Task Force, established in 1993 to develop a community-based home visitation model for the state that is preventive, comprehensive, family-focused, and available to all families that want to participate. It draws heavily on the Hawaii Healthy Start program and the National Committee for the Prevention of Child Abuse's Healthy Families America program. Maine's adaptation will expand on these models to incorporate many of the state's existing public and private family support services. As a result of the task force's recommendations, the state legislature recently appropriated funding for three pilot projects over four years to provide the basis for a statewide system.

Maryland

To ensure a healthy start for newborn children in Maryland, Governor Parris N. Glendening has signed into law a bill that will require health insurers to cover up to 48 hours in the hospital for new mothers or, if a new mother chooses to leave the hospital earlier, a home visit by a nurse to check for late complications, conduct routine tests, and provide appropriate education. Most health insurance plans cover no more than 24 hours in the hospital after a normal birth. Yet routine testing for metabolic disorders in newborns cannot be done until after 24 hours. As many as 30 percent of all newborns in Maryland now leave the hospital too young for appropriate screening. The legislation also requires health insurance providers to provide expectant parents with information on primary care providers and to encourage and assist them in selecting a provider for their infant prior to discharge from the hospital.

Maryland is reforming its approach to service delivery to families and children in order to create a comprehensive continuum of care at the local level that is driven by family and child needs and that emphasizes prevention and early intervention. A major reform step has been the creation of the Subcabinet for Children, Youth, and Families. The subcabinet is composed of selected members of the Governor's cabinet, including the secretaries of budget and fiscal planning, health and mental hygiene, human resources, housing and community development, and juvenile justice; the superintendent of schools; and the directors of the office for individuals with disabilities and the office of planning. The special secretary for children, youth, and families chairs the subcabinet. Maryland's vision is to build partnerships with the larger community that strengthens the capacity of families to adequately nurture and care for their children by providing quality education, safe environments, and the availability of good-paying, family-supporting jobs.

To implement this vision, the subcabinet encourages collaboration with communities, businesses, churches, governmental and nongovernmental agencies, non-profit agencies, foundations, schools, parents, and caring adults to meet family and child needs. Local management boards have been established to support community-based planning. The subcabinet is also working to increase interagency and intra-agency collaboration and to pool funding from various federal, state, local, and private resources to support comprehensive, prevention-oriented programs and services at the local level. The success of Maryland's reform efforts will be measured in terms of better outcomes for children and families.

Massachusetts

To ensure that every child has a caring and permanent home, Massachusetts Governor William F. Weld and the legislative leadership named a Citizens Task Force on Adoption to advise the administration and legislature on steps the state can take to improve the adoption process for both department of social services and private adoptions. The task force has been asked to identify obstacles that impede speedy adoptions and to present its recommendations to the Governor and legislature November 1, 1995, the first day of "Adoption Month" in Massachusetts.

The Governor has also established a toll-free adoption referral line to recruit adoptive families for children in the custody of the department of social services. He has refiled legislation to streamline the state's adoption process by limiting the rights of unwed fathers who fail to establish paternity, maintain contact with their child, or provide child support. In the current system, adoptions can be delayed by more than two years while termination of the parental rights of these fathers is pursued in the courts. The new legislation would make this time-consuming process unnecessary.

A new benefits package has also been established for state employees who adopt children in the custody of the department of social services. The state adoption assistance program will provide post-adoption service; ten days of paid adoption leave; family assistance leave, which allows up to an additional ten days to be charged to sick leave; corporate sponsorship benefits; and full college tuition for those children who attend a Massachusetts state college or university. Currently, there are 5,000 children in state care.

Michigan

Improving the Well-Being of Michigan's Children, a report released by Governor John Engler in December 1993, established a set of guiding principles and goals regarding children's services in Michigan. The goals include improvements in children's health and school readiness as well as enhanced services to encourage the economic stability, preservation, and empowerment of the family. Through the Governor's Communities First Initiative, the state is seeking to increase communities' abilties to develop service delivery models that better meet the needs of all community residents, including families, children, and the elderly. Goals of the initiative include empowering communities to reshape their human services systems to meet local needs; removing government bureaucracy and barriers to effective service delivery; and facilitating collaboration, coordination, and integration of human services. The initiative is led by the directors of the state departments of education, mental health, public health, and social services as well as the office of services to the aging. Under the initiative, five pilot communities have developed community-specific plans for restructuring human services delivery and are moving forward with implementation.

Minnesota

Minnesota Governor Arne H. Carlson's proposal to create a new department of children, families, and learning was recently approved by the state legislature. Designed to measurably improve the well-being of Minnesota's children and families, the idea for the new department grew out of a 1992 study that identified 250 state-funded programs for children and families scattered across 33 state agencies, boards, and commissions. It was first proposed in 1993 by Governor Carlson to coordinate and integrate these programs and to improve public accountability. Plans for the new department were refined in a bipartisan collaboration of the Governor's Children's Cabinet and the Legislative Commission on Children, Youth, and Their Families. The new department will replace the existing department of education and will include programs from several other agencies. It will also increase flexibility in the design, funding, and delivery of programs—both at the state and local levels—and enhance local decision making, collaboration, and governance. Programs to be moved into the department of children, families, and learning include Head Start and other early childhood education and development programs, violence prevention programs, and drug prevention programs. The transition to the new department will be phased in over a three-year period. Governor Carlson has named a commissioner-designate who will work with a planning team to design the organizational structure. On September 30, 1995, the department of education will be abolished. On October 1, 1995, the new department will be created, with programs from the former education department. Programs from other departments will be transferred into the new department effective July 1, 1996, and July 1, 1997.

Goals for the department of children, families, and learning build on Minnesota Milestones, initiated in 1991 by Governor Carlson to establish common goals for the state and to set benchmarks by which to measure progress toward these goals. Based on the ideas and suggestions of hundreds of Minnesotans expressed in public meetings across the state, the original milestones document set forth 20 goals and 79 indicators to measure progress toward achieving them. Since the milestones were released, periodic updates have reported on state progress, and measures of results for children and families have been further refined. Governor Carlson has instituted performance-based budgeting and outcome measurement throughout state government based on the milestones. In 1993 Minnesota's first integrated children's budget was presented to the state legislature. In 1995, this budget became the framework for the creation of the department of children, families, and learning.

To help communities measure results for children and families, Minnesota also offers an online "Children's Report Card," available on the Internet or by subscription to the state's DATANET service. Users can get a county-by-county report card on 21indicators of children's well-being—such as rates of child poverty, infant mortality, and abuse and neglect reports—as well as data from a statewide student survey. The online report card has been used extensively by county officials, the media, and the public. It has also served as a useful tool for the 51 communities across the state that have received state grants to establish family services collaboratives to restructure the way health, education, and social services are delivered to children and families. These communities are using the report card to assess local needs, set priorities, and measure results.

Early Childhood Family Education (ECFE), a statewide parenting education program for all families with children from birth to kindergarten age, is one of Minnesota's many programmatic initiatives for children and their families. School districts offering this voluntary service encompass 99.6 percent of children below age five in the state. The program is funded through a combined local levy and state aid formula. Initiated as a pilot program in 1974 and expanded statewide in 1984, ECFE is designed to support parents in their efforts in raising children and is based on the assumption that families are children's first and most significant teachers. Although local programs are tailored to community needs, most include parent discussion groups, parent-child activities, home visits, health and developmental screenings for children, libraries of books and toys, and information on other community resources available for families. Local advisory councils, of which parents constitute a majority, help match services to community needs. Evaluations have documented positive outcomes for both parents and children, including more confidence, social skills, and fewer behavior problems among children as well as increased peer support and knowledge of child development among parents.

Mississippi

In the fall of 1994, Governor Kirk Fordice launched a new initiative for children and families in Mississippi. The Faith and Families Project seeks to enlist the support of churches across the state in meeting the needs of families on welfare. Coordinated by the Governor's office, the Commission for National and Community Service, and the department of human services, the program is based on the belief that religious congregations can provide resources and support for needy families that government cannot. Through this voluntary, community-based program, interested welfare families are matched with congregations within their communities that have expressed a desire to adopt a family. The state facilitates this linkage and provides ongoing technical assistance and related case management to support the relationship.

The goal of the program is to move these families toward permanent employment and self-sufficiency. Participating churches offer assistance with food, clothing, housing, transportation, education, and child care. They also help their families obtain relevant skills, including financing, job search, communication, and general life-coping skills. By relying on neighborhood spirit and community values, Mississippi hopes to break the cycle of poverty and welfare dependency and improve results for the state's neediest children and their families.

Missouri

Governor Mel Carnahan has set a new vision for the state—making the education, health, and well-being of Missouri's children the state's number one priority. This vision stresses collaboration and innovation in service delivery to children and families. Governor Carnahan's goal is to change the way agencies respond to families, the way decisions are made, and the way dollars are spent. Efforts to achieve this vision build on partnerships among families, businesses, and government and focus on strengthening community-based human services systems. A newly established $1 million public/private Family Investment Trust is helping communities build collaborative structures, design effective systems of services, and determine financing strategies and measures of accountability.

One such community-based collaborative effort is the Caring Communities initiative. Caring Communities began at Walbridge Elementary School in north St. Louis in 1989. The initiative uses community partnerships to link an array of services such as employment counseling, family preservation, adult education, and health care to the local school, so that these services are more accessible to the families that need them. The Caring Communities approach is based upon a belief in the unique ability of communities to identify service priorities and determine delivery strategies. The state expects to fund 30 to 60 such collaboratives in the fiscal year1996 with an investment of $21.6 million. Results will be measured in terms of children growing up healthy, safe, and prepared for productive adulthood; children being successful in school; and parents being employed or employable.

Montana

Under the leadership of Governor Marc Racicot, the Montana Families for Kids initiative was launched to better meet the needs of children in the state child welfare system. Developed with the assistance of Montana citizens, including members of the seven Native American reservations in the state, and supported by the W.K. Kellogg Foundation, the initiative seeks to streamline the child welfare system. This effort will include developing and implementing a system to find permanent homes for the backlog of children who have been in foster care for more than one year and who will not be returned to their birthparents, reducing the number of caseworkers per family, and reducing the number of foster care placements children experience. The initiative stresses culturally relevant and family- and community-focused services and encourages collaboration among public and private child-serving agencies to facilitate permanency planning.

Nebraska

Initiated at the recommendation of Governor E. Benjamin Nelson's Commission for the Protection of Children, the Nebraska Good Beginnings program seeks to strengthen families with children below age five by improving access to voluntary, community-based services that promote the development of strong families and healthy children, including health, education, and social services. The initiative emphasizes collaborative program development, operation, and funding at the local level to improve the way services are delivered to children and families and maximize existing resources. The departments of social services, health, and education have pooled resources to promote this effort. To support communities in their efforts, Good Beginnings provides training and technical assistance on needs assessment, planning, team-building, resource identification, and measurement of results. As honorary chairperson for Nebraska Good Beginnings, First Lady Diane Nelson is working to promote volunteer involvement, enlist the support of private companies and non-profit organizations, recognize outstanding community-based programs, and increase public awareness of the needs of young children.

Four early childhood projects were funded by the legislature in 1992. These projects provide developmentally appropriate, full-day programs for preschool children to promote their physical, social, emotional, and cognitive development. In addition, support services are provided to strengthen parents' ability to provide the best possible environment for their children's healthy growth and development. To ensure families have access to all the services they need, programs encourage collaboration among public and private community-based agencies and institutions.

The Early Childhood Training Center, a service of the Nebraska Department of Education, supports the professional development of staff who work in early childhood and family support and education programs in home-, center-, and school-based settings across the state. Services include providing or brokering on-site training and consultation; coordinating training resources; providing multimedia services; developing and disseminating materials; organizing collaborative conferences; staffing a ChildLine; and operating an early childhood training registry.

Nevada

Nevada's "Baby Your Baby" campaign was established in 1991 under the leadership of Governor Bob Miller in response to a declining percentage of pregnant women seeking early prenatal care and a rising infant mortality rate. The campaign is a statewide, public/private partnership to encourage pregnant women to seek early and continuous prenatal care, educate Nevadans on the importance of prenatal care, and facilitate access to such care.

The campaign is a partnership among the state's divisions of health and welfare; corporate sponsors, such as Sunbelt Broadcasting, Inc., owner of the two NBC affiliates in the state; civic organizations, and numerous health care providers. The campaign is funded by private donations matched with federal Medicaid funds, thereby eliminating the need for state general fund dollars. Public education and outreach on the importance of early and continuous prenatal care is accomplished through television spots and documentaries, billboards, and printed messages on grocery bags. Access to care is facilitated through a statewide, toll-free referral line operated by the bureau of family health services in the state health division. Upon request, callers to the referral line are given the names of health care providers in their geographic area who have agreed to provide prenatal care regardless of a woman's ability to pay. The caller is responsible for contacting a provider and initiating care.

As a public/private partnership, each partner plays a distinct role. Sunbelt Broadcasting, Inc. is responsible for raising private funds and producing and airing the television spots. It also publicizes participating health care providers. The Kiwanis Club of Las Vegas has been responsible for securing incentive items to further encourage women to access care. Participating providers have committed to furnish prenatal care to all women, regardless of ability to pay, and to offer a sliding-fee scale. In addition to operating the referral and information hotline, the state health division evaluates the campaign, recruits new providers, and acts as an ombudsman for callers and providers. As the state agency responsible for Medicaid, the state welfare division acts as fiscal agent for the partnership.

Available indicators confirm that the Baby Your Baby campaign is having a positive impact on perinatal and infant health in Nevada. The percentage of women entering prenatal care in their first trimester has increased from a low of 68 percent in 1991, the year the program began, to nearly 76 percent in 1994. In addition, Nevada's infant mortality rate has decreased steadily from 9.0 per 1,000 live births in 1991 to 6.6 per 1,000 live births in 1994. To ensure continued improvements in these key health indicators, Nevada will continue to promote the Baby Your Baby partnership. Two future objectives are the recruitment of additional health care providers to enhance access to care, particularly in Nevada's rural areas, and expanded outreach and education efforts.

New Hampshire

With the support of Governor Stephen Merrill, a public/private partnership in New Hampshire is working to increase the number of children with health insurance coverage. Recognizing that 58 percent of all uninsured children in the state live in middle-class families, the New Hampshire Healthy Kids program was launched in 1993 to provide an affordable option for health care coverage for these children. With the passage of the Healthy Kids Act, a non-profit corporation was created to administer the program. This corporation established eligibility criteria and defined a benefits package that emphasizes primary and preventive health care services. Blue Cross and Blue Shield of New Hampshire was selected through a competitive process to serve as the insuring partner, and all of the hospitals in the state agreed to participate in the program. As a result of these partnerships, the cost of premiums for children was decreased by as much as 20 percent. Other partnerships were established with school systems to conduct outreach and increase awareness of the program, with businesses and corporations, and with community-based organizations. The program was operational statewide as of May 15, 1995.

Through another public/private partnership, parent-child centers targeting families with children below the age of six have been developed statewide in New Hampshire. These centers provide interactive day care, early nutrition and parenting classes, and transportation to medical services. Success by Six programs have also been developed throughout the state by a consortium of private providers working closely with the New Hampshire education system. This integration of services at the community level has provided high-quality preschool education and enhanced child care opportunities for children as well as skill development opportunities for their parents.

Over the past three years, child welfare reform efforts in New Hampshire have resulted in a substantial decrease in out-of-home placements of younger children. Families are being served through an array of community-based, flexible services that enable children to remain in their homes and communities while ensuring that they are safe and protected.

New Jersey

Established during the 1992-93 school year by former Governor Jim Florio and continued under Governor Christine T. Whitman, the GoodStarts program in New Jersey seeks to expand access to early childhood education programs that incorporate the Head Start performance standards. The program is a joint undertaking of New Jersey's departments of education and human services. It offers a comprehensive array of services to support child development and learning, including early childhood education, health and nutritional services, extended-day child care, parent education and involvement, and social services. Program goals include:

- expanding opportunities for low-income urban children ages three and four to participate in effective and comprehensive full-day preschool programs;
- fostering collaborative planning among local public school systems and community agencies to ensure continuity of education and other child and family services through second grade as well as ensure a smooth transition from preschool programs into elementary school programs; and
- encouraging the improvement of early childhood programs, prekindergarten through second grade.

Eligible GoodStarts grantees include the thirty designated special needs school districts in the state. The program is administered at the local level by the local boards of education in collaboration with Head Start agencies, state-subsidized child care providers, and other community-based child and family support agencies, including those providing health, social, and employment-related services. Nine districts are now participating in the program.

New Mexico

With the support of Governor Gary E. Johnson, several programs in New Mexico are focusing on preventing teen pregnancies and assisting pregnant and parenting teens. For the past two years, the human services department and the health department have pooled resources to conduct an information outreach program using television and radio advertisement, posters, youth-focused magazines, poster contests, rap contests, and other methods to publicize information on parenting and delaying sexual activity to families and youth in the state. In addition, each year the Adolescent Pregnancy Prevention Program supports a number of locally designed projects to prevent teen pregnancy and help pregnant and parenting teens. To ensure that attention is focused on young males as well as females, a male involvement project is working with groups of young men on decision making skills, values clarification, sex education, and child support responsibilities.

The state is also seeking to intervene early in the lives of at-risk children through the Family Development Program. This program began in 1985 when families in low-income, predominantly minority communities were given the opportunity to design a program that would meet their needs. The result was a comprehensive preschool program offering parent involvement and education, family support, infant and toddler services, and an after-school program for older children. Evaluations of the Family Development Program show that children are doing better in school; parents are remaining involved in their children's education; and families are leaving public assistance, seeking higher education, and generally improving their lives.

To avoid more costly problems later, New Mexico is also investing in comprehensive early intervention, mental health, and family support services for children who are at risk for serious emotional disturbance or neurobiological disorder. Grants totaling $750,000 were awarded to 12 communities for local provision of these services in the fiscal years 1994-95. In the fiscal year 1996, grants will be awarded to another 12 communities. The purpose of these grants is to stimulate the development of family-focused models of early intervention mental health care for children and their families that build on family strengths. These models should include strong outreach and assessment components and should seek to coordinate the local array of services for children and families through a case planning process designed to meet all of the family's service needs.

New York

The New York Adolescent Pregnancy Prevention and Services (APPS) program is a statewide effort to prevent teen pregnancy and assist those teens that are already pregnant or parenting. APPS was created in 1984 under the New York State Adolescent Pregnancy Prevention Act and is strongly supported by Governor George E. Pataki. The program promotes an integrated, comprehensive approach to adolescent pregnancy issues through 28 local service projects in high-risk communities in urban, suburban, and rural areas across the state. APPS community councils ensure a full range of services for youth by conducting regular needs assessments and filling identified gaps in services. Services provided through community projects include health, employment, child care, housing, education, counseling, and case management. Additional services offered in many communities include assistance with basic needs, family life and parenting education, services for infants and children, and recreational and social activities. Available data indicate that the APPS projects are meeting their objectives. The pregnancy rate for program participants has remained below 5 percent for the last four years and is currently 2 percent. The APPS program has also been successful in promoting self-sufficiency among pregnant and parenting teens and in keeping them from dropping out of school.

To lower the duration of time children spend in foster care, New York has initiated a HomeRebuilders project. The project is a joint effort of the New York State Department of Social Services, the New York City Child Welfare Administration, and six voluntary providers of foster care—New York Foundling, Miracle Makers, Little Flower Children's Services, Harlem Dowling-Westside Center for Children and Family Services, St. Christopher-Jennie Clarkson Child Care Services, and St. Christopher-Ottilie Services for Children and Families. HomeRebuilders uses a capitation-style method of reimbursement to encourage agencies to invest in services that can lead to early removal from foster care as well as those that can prevent reentry. The initiative began in New York City on July 1, 1993, as a three-year demonstration project. Mid-point data indicate that the model is achieving its objectives. After eighteen months, the six agencies released 36 percent of the children in the HomeRebuilder programs from foster care, compared with 27 percent in a comparison group.

North Carolina

North Carolina's Smart Start initiative focuses on young children from birth through age five to ensure that every child in the state comes to school healthy and ready to learn. Proposed by Governor James B. Hunt Jr. and enacted by the 1993 general assembly, the initiative uses state government as a catalyst to bring about change at the local level in how children and their families are served. The goal is to ensure that every child has access to comprehensive, integrated, high-quality services that include early childhood education, child care, and health care. County partnerships that include families and child care providers, as well as representatives from public and private health and human services agencies, the business community, school systems, churches, and local government, have been established in 32 counties to develop and implement local plans to serve local children's needs in new and innovative ways. To support and guide the county partnerships, the initiative created the North Carolina Partnership for Children, a statewide, non-profit, public/private corporation.

Under the Smart Start initiative, the T.E.A.C.H.(Teacher Education and Compensation Helps) Early Childhood Project has been established to ensure that high-quality day care is available for every child who needs it. T.E.A.C.H. links training in child development and early childhood education to wage increases for child care providers. The project provides scholarships for education programs on the community college through graduate levels and ensures a salary increase or bonus each year that a provider attends classes. T.E.A.C.H. is available to all child care providers in the state who work full time in a regulated setting. Since January 1993, 2,155 family child care providers and child care center teachers and directors have participated.

North Dakota

Under the leadership of Governor Edward T. Schafer, the North Dakota Children's Services Coordinating Committee is working to improve the delivery of services to children and families across the state. Designed to provide a structure for collaboration among state agencies and elected officials, the committee is chaired by the lieutenant governor and composed of the executive directors of all state agencies serving children and families. The committee meets monthly to share information and engage in joint planning and policy development. In addition, coordinating committees have been funded in all eight regions of the state, as well as in all four Native American tribal reservations, to develop five-year, cross-systems service plans to improve results for children and families. The regional committees are composed of families, legislators, and representatives from various public and private agencies serving children and families.

Ohio

In Ohio the Family and Children First initiative of Governor George V. Voinovich is working to improve the quality of life for Ohio families and children while encouraging self-sufficiency and respecting the integrity and dignity of the family. Created in 1992, the initiative is guided by a clear vision statement:

> Ohioans believe in their families, children, and communities. The best hope for the future is the well-being of Ohio's families. Ohio will be a place where families can build upon their heritage, feel secure in the present, and reach for the future. Families, with community support, will accept responsibility for meeting their diverse needs. Members will develop to their full potential and communities will build upon the strengths of their residents.

To fulfill this vision, the initiative is working with communities to fundamentally reform the way children's services are governed, delivered, and financed. Sixty-four of the state's eighty-eight counties responded to an initial request for proposals for local planning funds. The state has funded strategic planning at nine sites, and another fifty-four counties are moving ahead on their own. The state is making significant progress in fulfilling its vision. Counties are identifying state and federal barriers to comprehensive services. Some counties are working on structural reorganization. Others have pooled funding in order to serve children who do not meet current federal eligibility requirements. Still others have improved access to services by locating public health clinics in Head Start and recreation centers and by moving the child welfare agency into school administrative offices. A state-level Family and Children First Cabinet Council is supporting local reform efforts and implementing reform within state agencies. A provision in the 1992-93 biennium budget bill designates any county that establishes a family and children first council as a "regulation-free zone," which gives the cabinet council the authority to waive state regulations and policies that are identified as barriers to a more efficient system. To date, councils have been voluntarily established in more than half of Ohio's counties.

Governor Voinovich has also made Head Start expansion a state priority. Ohio currently leads the nation in state funding for Head Start and leads all major industrial states in the percentage of eligible children in the classroom. Sixty-one percent of Ohio's eligible children now participate in the program. The executive budget proposal for the fiscal 1996-97 biennium calls for additional funding to provide Head Start placements for about 80 percent of all eligible children wanting services. If approved, by June 1997, more than 55,000 Ohio children will attend Head Start programs annually.

Oklahoma

With the support of Governor Frank Keating, Oklahoma is in the fifth year of implementing a visionary strategy to improve services for children and families through interagency planning and coordination. In 1990 the legislature enacted legislation mandating a statewide planning process that tracks state agency expenditures in a single children's budget and works with communities to create a comprehensive state plan for children's services. The Oklahoma Commission on Children and Youth oversees the State Plan for Services to Children and Youth, facilitating joint planning and coordination among public and private agencies serving children and youth, promoting innovation through the funding of model programs, and reporting to the legislature on the extent to which individual state agency budget requests coincide with the goals and priorities established in the state plan.

Oregon

Adopted by the state legislature in 1991, Oregon Benchmarks are standards for measuring statewide progress and government performance that were developed through broad-based consultation with communities. With an emphasis on outcomes, the benchmarks provide goals for state agencies and drive planning, budgeting, and compensation systems. Under the leadership of Governor John A. Kitzhaber, each state agency is directed to develop results-oriented performance measures that are linked to the benchmarks and to implement performance budgeting. The benchmarks are also being used by municipal governments and community organizations.

Building on the state's benchmarks for children and families, a new state Commission on Children and Families has been created to set statewide policies for services to children and families and to establish statewide outcomes for these services that will be incorporated in the Oregon Benchmarks. The commission also coordinates funding for child and family services and provides oversight and technical support to county-based commissions charged with developing local service delivery plans and monitoring key outcomes related to these plans, including relevant Oregon Benchmarks.

Oregon and its local governments have also entered into a special partnership and long-range demonstration project with the federal government to redesign intergovernmental service delivery based on the principles of the National Performance Review. This intergovernmental, interagency initiative—The Oregon Option—focuses on outcomes, treating them as the principal measure of success. Results to be achieved have been mutually identified by the federal government and Oregon's state and local governments. To empower communities to better address identified local needs, the state has asked the federal government to consolidate funding categories and streams, create funding incentives that reward desirable results, and reduce micromanagement and wasteful paperwork.

There are three clusters of activity for 1995: early childhood, family stability, and workforce. Reducing teen pregnancy and increasing access to child care are benchmarks that impact each of these. The early childhood cluster is currently focusing on improving results for children and families in three areas: the rate of immunization for two-year-olds, the percentage of women who receive adequate prenatal care, and access to child care. Work is also underway, under the aegis of the early childhood cluster, on reducing teen pregnancy, reducing HIV-infection among babies, reducing child abuse and neglect, and increasing the number of children who enter school ready to learn. Federal agencies are currently examining legislative and regulatory issues that have an impact on these benchmarks.

Pennsylvania

Pennsylvania Governor Tom Ridge is establishing through an executive order a new Children's Council that will expand and enhance the existing children's cabinet by bringing together the major cabinet secretaries, senior staff from the Governor's office, and representatives from county government, schools, families, clergy, and police, from both rural and urban areas across the state. The new council is based on the Governor's belief that to implement community-based, family-centered, flexible, and preventive family and child services, one must go beyond the confines of state government. As a sign of the Governor's commitment to the importance of this initiative, he has asked First Lady Michele Ridge to chair the council.

The council will be charged with identifying those communities that have demonstrated leadership in developing cross-system collaborative approaches to improving results for children and their families. Such approaches should build on community strengths, foster family self-sufficiency, and target the risk factors for school failure, family deterioration, and youth violence. Once identified, successful communities will receive the full support of state government to move forward with their efforts. They will also be enlisted to serve as mentors to other communities and state government so that the lessons derived from their experiences can be shared across the state.

To assist communities in their efforts, the Governor has challenged his cabinet secretaries to reduce redundancy, break down bureaucratic barriers among agencies, and identify resources that can be pooled to develop and implement a comprehensive and preventive child and family agenda. In addition, the First Lady is establishing a private, non-profit corporation to secure funds from the business and foundation community to complement government resources committed to this initiative.

Both the Governor and the First Lady recognize the importance of supporting children and families and the need for fundamental reform of the government systems currently serving them. The success of this initiative will be measured by local performance related to specific child and family outcomes and the ability to reduce and simplify the many disjointed and overlapping programs administered by the state.

Puerto Rico

Under the leadership of Governor Pedro Rosselló, Puerto Rico has established a number of innovative health programs for young children and their families. One is the state's Mothers and Children Program. This program seeks to ensure that mothers receive needed supports in caring for their children. Services offered through the program include medical care for both the child and mother, health education, prenatal care, and nutrition education.

The Mothers and Children Program is available statewide for all of Puerto Rico's mothers and children, with a focus on serving pregnant women and young children below age eight. Currently, more than 50 percent of this population is served by the program.

To ensure that all children infected with HIV/AIDS receive proper treatment and care, the Puerto Rico Department of Health also established the Pediatric AIDS Program. Currently, the program operates through clinics in all of the commonwealth's 78 municipalities. Each clinic is staffed by pediatricians, nurses, caseworkers, and health educators. Services include medical care to children, adolescents, and women with HIV/AIDS; counseling for HIV/AIDS victims; and education on how to live with HIV/AIDS.

Puerto Rico also has a model childhood immunization program. As a result, it has the highest immunization rate in the nation—95 percent of two-year-olds on the island are fully immunized against vaccine-preventable diseases.

Rhode Island

To support children and their families, Rhode Island has expanded health insurance coverage for pregnant women and young children and is forming partnerships with statewide non-profit and philanthropic organizations to provide comprehensive family services in community settings. Through the state's RITE Care statewide managed care demonstration project, health insurance coverage for primary and preventive care has been extended to uninsured and underinsured pregnant women and children below age six living in families with incomes up to 250 percent of the federal poverty level. In addition, pending legislation supported by Governor Lincoln Almond would require the state's health insurers to provide free immunizations to all children. Rhode Island has also received a competitive grant from the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention to develop a statewide computerized public health tracking and follow-up system for immunizations and the state's many other public health programs.

Through partnerships with United Way of America, the Rhode Island Foundation, and the state departments of health and education, child opportunity zones have been established in low-income areas in more than half of the school districts across the state. These locally designed one-stop service centers offer coordinated services, including parenting education, health and nutrition services, employment counseling, literacy, Head Start, child care, tutoring, and referrals, in schools and other community settings. Building on the child opportunity zones, the state is developing a network of family centers to provide a seamless array of services to support children and their families. Funding sources include the state and federal government, United Way of America, and other non-profit and philanthropic organizations. Governor Almond is now exploring regulatory changes and waivers to overcome programmatic and administrative barriers to coordinated service delivery.

South Carolina

In South Carolina, a plan to double the personal exemption parents can claim for children below the age of six—from $2,450 to $4,900—is being phased in over four years. Initiated under former Governor Carroll A. Campbell Jr. and supported by Governor David M. Beasley, implementation of this tax cut for families with young children began in the fiscal years 1994-95 with the approval of $9 million in the state budget to begin phasing in the increased exemption. This raised the 1994 exemption for young children to $3,063. The fiscal years 1995-96 budget pending before the state legislature calls for $10 million to continue the phase-in and bring the level of the exemption to $3,750. Once the doubled exemption is in place in the fiscal years 1997-98, it will continue to increase in step with the yearly increase in the federal personal exemption. Through this initiative, the state hopes to help offset the high costs associated with raising young children and ensure that families receive the supports they need to remain intact and economically self-sufficient.

To ensure that all children come to school ready to learn and that all schools are ready for all children, South Carolina is also reforming early childhood education and strengthening parents' abilities to guide and nurture their children. The Early Childhood and Academic Assistance Act of 1993 redistributes $95 million in Education Improvement Act funds to focus on early childhood. It expands the Target 2000 parenting education program to every school district; requires districts to prepare a single plan drawing together preschool programs, Head Start, parenting education programs, and primary education; removes the categorical focus by allowing the money to be used to serve any student who needs help, not just those who meet specific definitions; and consolidates a number of small grant programs to provide more resources for school innovation.

Another South Carolina initiative, Caring for Tomorrow's Children, is addressing the state's problem of infant mortality through a program of public awareness, education, and incentives. A health tips and coupon booklet worth $1,600 in free and discounted goods and services has been developed as an incentive for pregnant women to seek prenatal care. The coupons correlate with the nine months of prenatal exams and the first year of well-baby visits, and each coupon has a relevant health tip on the back. After each prenatal or well-baby visit, a health care provider validates the coupons designated for that month. A coupon cannot be redeemed without being validated by a health care provider. Caring for Tomorrow's Children is a partnership of the Governor's office, the March of Dimes, NationsBank, the Medical University of South Carolina, WYFF-TV of Greenville, WCIV-TV of Charleston, WPDE-TV of Florence, and WIS-TV of Columbia. The television partners have had primary responsibility for running the public service announcements for the program. South Carolina's infant mortality rate has decreased about 21 percent since the program became operational.

South Dakota

To help parents balance work and family responsibilities, South Dakota has implemented a flex-time policy for all state employees. Each agency director is required to develop a flex-time plan for his or her department, which must be approved by the bureau of personnel. The policy clearly establishes that its goal is to help parents meet their children's needs. Employees may devise with their supervisors any schedule between 7:00 a.m. and 6:00 p.m. A complementary state policy allows parents to adjust their hours within the period of a week to volunteer in schools.

South Dakota also has a flexible benefits plan that allows state employees to use pretax dollars to pay for child care and unreimbursed medical expenses. The state has revised its maternity leave policy to guarantee a minimum of six continuous weeks of leave, utilizing available annual or sick leave or taking leave without pay. Women may return to work part time with the approval of their supervisor. South Dakota has found that these family-friendly policies not only help families, but they can also improve worker productivity and retention rates. Governor William J. Janklow continues to support these policies.

Tennessee

With the support of Governor Don Sundquist, Tennessee is continuing the difficult task of restructuring its delivery of services to children and families in crisis with the implementation of the Children's Plan. The plan has four goals: to reduce the number of children in state care; to provide more appropriate placements and services; to improve management of the children's services delivery system; and to maximize funding through refinancing. A centralized office of children's services administration, located in the department of finance and administration, has responsibility for overseeing the plan. The office has pooled funds from the state departments of education, health, human services, mental health/mental retardation, and youth development to create a single children's services budget. This provides for flexible funding tailored to a child's specific needs and enables more coherent administration and long-range financial planning. The commissioners of participating departments meet regularly, as does an interdepartmental committee that makes policy recommendations.

Texas

With the support of Governor George W. Bush, the Texas Department of Health has created a statewide "Shots Across Texas" coalition to boost efforts to immunize children against vaccine-preventable diseases such as whooping cough, measles, polio, mumps, and diphtheria. To achieve the goal of a 90 percent immunization rate for two-year-olds by the year 2000, the department of health is mobilizing the resources of statewide civic, social, political, educational, and religious organizations; the media; the military; governmental agencies; ethnic associations; and child advocacy groups. These coalition members are focusing their efforts on behalf of the initiative in one of five program areas: fundraising, grassroots development, media/communications, education, and special projects.

Local coalitions are also being formed in counties across the state under the leadership of the Texas Medical Association Alliance, the Texas Red Cross, the Agricultural Extension Service, the Texas Rural Health Association, the University of Texas Health Science Centers, and the regional immunization staff of the Texas Department of Health. To increase awareness of immunization issues among the public, the department of health has developed a "Shots Across Texas: Immunize Your Little Texan By Two" media campaign. The campaign features television and radio public service announcements, posters, brochures, coupons redeemable for free merchandise and promotional products. Many of these materials have been modified for use by local coalitions. Through a cooperative effort among Medicaid's Early and Periodic Screening, Diagnostic, and Treatment program, the Centers for Disease Control and Prevention, and the Special Supplemental Food Program for Women, Infants, and Children (WIC), 100,000 children have received their immunizations in WIC clinics.

Utah

In response to a growing number of at-risk children, Utah Governor Michael O. Leavitt has introduced a comprehensive foster care initiative that is improving services and helping provide a safe harbor for children whose lives are in crisis. The initiative calls for additional caseworkers, new equipment, a technology-driven reporting system developed with private sector assistance, and partnerships with other state divisions and departments. During the 1995 legislative session, the Governor also received funding for mental health treatment for children and additional crisis staff and an increase in the rates foster parents are paid. The Governor has successfully used his state-of-the-state address, call-in radio and television programs, meetings with civic and religious leaders, and other forums to encourage families to care for a foster child or volunteer their time to assist foster care workers. The Governor believes that by investing now in children with serious social and economic problems, other kinds of painful and costly problems can be avoided in the future.

Governor Leavitt and First Lady Jacalyn Leavitt are also leading a successful effort to increase immunization levels among Utah's children. The First Lady chairs a statewide immunization task force that brings together the public and private sectors to increase public awareness of the problem of low immunization rates and develop strategies to encourage parents to have their children immunized. The task force developed the Immunization Care-A-Van program that has provided more than 11,000 free immunizations to children across the state. The Care-A-Van is a specially equipped van staffed by state health officials and local health care medical personnel who are able to help parents determine which immunizations their children need and to administer those immunizations.

Vermont

The Success by Six initiative of Vermont Governor Howard Dean, M.D., seeks to develop statewide capacity to enhance the ability of families to protect, nurture, educate, and support the development of their children. Over a period of five years, school and human services districts are being invited to develop a comprehensive vision to support children and families in their community, identify existing resources and services that can be directed to support this vision, examine service gaps, and develop a proposal to address these gaps.

To help communities implement this redesigned service system, the agency of human services and the department of education are working with each community to develop necessary resources. Initiatives suggested for consideration include home visiting for families with newborns, healthy babies services, quality child care and early education services, early intervention for developmentally delayed infants and toddlers, family support services, transition services, and agency of human services and school collaboration so that each school will be linked to the local human services provider network. Building on the Success by Six initiative, the Governor has pooled federal and state funds into block grants for communities to implement comprehensive education, health, and social services to better meet the needs of young children and their families.

Vermont is also moving toward a unified system of child development and family support services. This work is based on the following vision for Vermont's children and families:

> Every family in Vermont has the right to comprehensive, high-quality child development services appropriate for their children. Every Vermont community shall nurture the healthy development of young children and strengthen families. To support communities, the state of Vermont will create a unified system for child development services that shares common standards for quality and respects the diversity and uniqueness of individuals and of programs.

To achieve this vision, an Early Childhood Work Group was convened in 1992. Composed of staff from the agency of human services and department of education as well as community early childhood leaders, advocates, service providers, and parents, the workgroup is developing common definitions and core standards across early childhood programs and integrating and coordinating resources and training. Services to be included in this integrated system include center-based and family child care; Head Start; the Early Education Initiative (Vermont's state-funded preschool program); the Essential Early Education Special Education Program; the Family, Infant, and Toddler Early Intervention Project; and Vermont's network of parent-child centers.

Virginia

Virginia's Maternal and Child Health Council was established by the state legislature in 1992 to improve the health of the commonwealth's mothers and children by promoting and improving maternal and child health programs and service delivery systems. The council is chaired by the secretary of health and human services and includes the commissioners of the departments of health, mental health/mental retardation, substance abuse services, and social services; the director of the department of medical assistance services; and the superintendent of public instruction. In addition, representatives of business, local government, private non-profit organizations, hospitals, and the health profession are appointed by Governor George Allen. To support the work of the state council, seven regional perinatal coordinating councils composed of service providers and consumers were established to address access to care and transportation issues, consumer and professional perinatal education, teenage pregnancy, perinatal data collection and analysis, substance abuse, infant mortality, and standards of care.

Under the leadership of these councils, Virginia has developed a number of model maternal and child health programs. Virginia's BabyCare program is an aggressive, multiagency effort to address the problem of infant mortality and morbidity. The program provides case management services for Medicaid-eligible pregnant women and infants who are identified by primary care providers as being at risk for poor medical outcomes. A BabyCare maternal and infant care coordinator, who is a registered nurse or a social worker experienced in maternal and child health care, assists the primary provider by helping the mother follow a plan of care and by identifying and resolving other social and economic factors that may affect the infant's health. All health departments in Virginia and some private physicians and agencies participate in the program. Virginia also has twenty-five Resource Mothers programs across the state that seek to reduce infant mortality and low-birthweight rates among teenagers pregnant with their first child. The program also works to prevent teens from dropping out of school and having a second child and to facilitate good health practices and the utilization of health care services.

Building on BabyCare and the Resource Mothers program, Project LINK is a community-based interagency effort to coordinate and enhance existing services to meet the needs of substance-abusing pregnant and postpartum women and their infants. Located in five communities across the state, LINK promotes a supportive, nonpunitive approach to preventing and treating perinatal substance abuse.

Virgin Islands

In the Virgin Islands, Governor Roy L. Schneider has made homeownership for families a priority of his administration. To promote access to safe, decent, sanitary, and affordable housing, the Governor proclaimed June as housing month. Under the direction of the Governor, the Virgin Islands Housing Authority; the Virgin Islands Department of Housing, Parks, and Recreation; and the Virgin Islands Housing Finance Authority are working together to provide families with diverse housing opportunities through a variety of programs and services, including low-interest mortgage loans and major rehabilitation and revitalization projects. The commonwealth is also partnering with private industry to increase the supply of affordable homes. The Governor has called for at least 1,000 low-income homes and 500 middle- and moderate-income homes to be built before the end of 1995.

Washington

Established through 1992 legislation, the Washington Family Policy Initiative is a collaborative effort of five state agencies to improve services for children and families by promoting a service system that is family-oriented, culturally relevant, coordinated, outcome-based, preventive, locally planned, customer-service driven, and creative at the frontline level. With the support of Governor Mike Lowry, the initiative is guided by a Family Policy Council that is composed of the directors of the departments of social and health services, health, employment security, and community development; the superintendent of public instruction; a representative from the Governor's office; and four members of the state legislature.

Other Washington initiatives include the First Steps program, a collaborative effort of the department of social and health services, the department of health, and community agencies to improve access to maternity and infant care for low-income families; and the Early Childhood Education and Assistance Program. Through the First Steps initiative, Medicaid eligibility for pregnant women and infants has been expanded to 185 percent of the federal poverty level, reimbursements for maternity providers have been increased, application procedures have been streamlined, and outreach to expectant mothers has increased.

First Steps also created two new Medicaid-covered services: maternity support services and maternity case management. Maternity support services are available to all pregnant women on Medicaid and include community health nursing, nutrition services, counseling, childbirth education classes, and reimbursement for child care during health visits. Case management services are available for women at high risk of poor birth outcomes because of age, medical factors, substance abuse, or other reasons. Since First Steps was implemented, the low-birthweight rate has dropped from 8 percent to 6 percent for Medicaid-eligible grant recipients.

Based on the recommendation of the Washington Business Roundtable, Washington's Early Childhood Education and Assistance Program (ECEAP) began providing comprehensive, family-focused preschool services based on the Head Start model to low-income four-year-olds in 1986. Today the program is available statewide and serves more than 7,200 at-risk preschoolers and their families. Services include preschool education services; health screenings and medical, dental, mental, and nutritional health services; parent involvement activities; and social services and referrals. ECEAP operates locally through school districts, local governments, nonprofit organizations, child care providers, community colleges, and tribal organizations. A longitudinal study of the program found that ECEAP children show gains in emotional, social, and cognitive skills far beyond the normal range during the ECEAP year, and parents report that their children enter kindergarten eager and ready to learn.

West Virginia

Created by Governor Gaston Caperton in 1990, the mission of the West Virginia Governor's Cabinet on Children and Families is to create partnerships with communities to help families protect, nurture, educate, and support the development of their children so that each child's full potential is achieved. To meet this goal, the cabinet advocates changing from a categorical, fragmented approach to child and family service delivery to one that responds to specific community needs in a collaborative and integrated way within and across agencies. In this way the cabinet hopes not only to make better use of the state's resources, but also to leverage additional support for families and children at the community level. The cabinet is chaired by the Governor and includes agency heads, the state superintendent of schools, and two members of the legislature. The cabinet is authorized to negotiate interagency agreements, waive rules and regulations that impede coordinated service delivery, transfer funds among and within departments, monitor and report on preschool programs, and establish and support family resource networks in local communities for the coordination of services to children and families.

Through family resource networks, comprehensive health, education, and social services are made available through a single intake point. Local boards with broad community representation, including parents, business leaders, advocates, religious leaders, local government officials, and service providers, are charged with planning and implementing this improved system of service delivery using collaborative approaches to solve community problems. The cabinet provides start-up grants for the networks and cabinet staff provide ongoing technical assistance. Building on the work of the cabinet, West Virginia has developed a Consolidated State Plan that enables the state to better coordinate nearly 200 federally financed categorical programs for children, youth, and families. The cabinet is also establishing an Early Childhood Investment Fund to provide grants to local communities to expand and improve early education and care.

Wisconsin

Wisconsin Governor Tommy G. Thompson has created a division of children's programs in the new department of health and family services to better meet the comprehensive needs of children. This division combines programs for children presently located in other divisions, including children's mental health, substance abuse, and developmentally disabled programs; child care programs; and all programs in the bureau of children, youth, and families. The goal of this reorganization is to encourage cooperation among programs serving children, increase access to services, reduce the likelihood that children will fall through the cracks of the human services system, and reduce the need to deal with these children later in the corrections system.

A Governor's Commission on Families and Children was established by Governor Thompson in 1991 by executive order to assess the status, scope, and effectiveness of all existing programs affecting families and children at the state level and to guide future development of these programs. Current efforts have focused on ways to stress the importance of fathers in the family unit and in the development of the children. Members of the commission include the lieutenant governor; the secretary of health and social services; the secretary of industry, labor, and human relations; the state superintendent of public instruction; and seventeen public members representing a variety of interests in children and family services.

To increase local flexibility and foster community-based service coordination, the Wisconsin Community Aids program provides flexible block grants totaling more than $300 million per year to communities for human services funding. Two thirds of Community Aids funds come from state general purpose revenue. The remaining funds come from federal sources, including Title XX and other block grants. Counties add approximately a 10 percent match. Local human services governing boards and service agencies serve as fiscal agents for the program and function as local umbrella agencies, replacing a number of categorical boards and agencies and providing and purchasing services for children and families, the elderly, and the disabled. To increase the efficiency and effectiveness of local service delivery, counties have broad discretion to allocate Community Aids resources among target populations and services.

Appendix 2

Resource Guide of National Organizations

The following is a list of organizations that provide technical assistance to community and state groups.

We thank Maude Abeel and Michael H. Levine of the Carnegie Corporation of New York for their assistance in compiling this guide.

BOARD ON CHILDREN, YOUTH, AND FAMILIES

Institute of Medicine
National Research Council
2101 Constitution Avenue NW
Harris 156
Washington, DC 20418
(202) 334-1935
(202) 334-3829 Fax
Publications: (202) 334-3965
E-mail: abridgma@nas.edu (Anne Bridgman)

The Board on Children, Youth, and Families was created in 1993 to provide a national focal point for authoritative, nonpartisan analysis of child, youth, and family issues relevant to policy decisions. Established under the joint aegis of the National Research Council and the Institute of Medicine, the Board is uniquely positioned to bring the collective knowledge and analytic tools of the behavioral, social, and health sciences to bear on the development of policies and programs for children, youth, and families. It does so primarily by synthesizing, analyzing, and evaluating relevant scientific research that relates to critical national issues. The Board oversees a broad range of work, including convening functions that foster the exchange of ideas among individuals with mutual interest, large-scale studies, and shorter-term projects such as workshops. The work is conducted by committees with expertise pertinent to the specific issues under consideration. The Board has identified four priority areas to emphasize in its work: 1) children and youth in precarious family circumstances; 2) the social implications of the growing diversity of the childhood and youth population 2) the science base for childhood and youth interventions and 4) the quality of children's and youth's health care.

Selected Publications

America's Fathers and Public Policy
Cultural Diversity and Early Education, 1994
Integrating Federal Statistics on Children, 1995

CASEY JOURNALISM CENTER FOR CHILDREN AND FAMILIES

8701-B Adelphi Road
Adelphi, MD 20783-1716
(301) 445-4971
(301) 445-9659 Fax
E-mail: ctrost@ajr.umd.edu (Cathy Trost, Director)

The mission of the Casey Journalism Center for Children and Families is to enhance reporting about the issues and institutions affecting children and families and to increase public awareness about the concerns facing at-risk children. The Center provides fellowships to 30 journalists annually to attend a week-long conference on critical children's issues; provides journalists information from a database of experts and sources on a wide variety of issues, highlights quality journalism and information on new sources/experts in a quarterly newsletter; and honors distinguished journalism with an awards program.

Selected Publications

Covering Children's Welfare (report on September 1995 conference)
Children and Family Journalism: Out from the Shadows—Media Coverage of Children and Family Issues
Covering Children (conference report)

THE CENTER FOR ASSESSMENT AND POLICY DEVELOPMENT

111 Presidential Boulevard, Suite 234
Bala Cynwyd, PA 19004
(610) 664-4540
(610) 664-6099 Fax

The Center for Assessment and Policy Development (CAPD) is a not-for-profit organization that works with communities, school districts, local and state governments, foundations, and non-profit organizations to improve the life chances of children, youth, and families. The mission of this initiative is to help communities and organizations mobilize to develop, implement, and evaluate thoughtfully crafted approaches in such areas as early childhood, family support, teen parenting and pregnancy prevention, community development, and comprehensive service integration. CAPD does not promote any single or particular programmatic intervention, but brings its knowledge of research findings, best practices, and experience in the field to help guide the strategic work of communities toward their specific goals for children and families.

THE CENTER FOR CAREER DEVELOPMENT IN EARLY CARE AND EDUCATION

Wheelock College
200 The Riverway
Boston, MA 02215-4176
(617) 734-5200
(617) 738-0643 Fax
Web site: http://ericps.ed.uiuc.edu.ccdece/ccdece.html
E-mail: bqhm87@prodigy.com

Founded at Wheelock College in 1991, The Center for Career Development in Early Care and Education works in collaboration with other national organizations and government policymakers to influence program and funding policy related to early childhood practitioner training. The Center strives to improve the quality of care and education for young children by creating a viable career development system for early childhood practitioners and by promoting the definition of early care and education—both as a professional field and as a field of study. Addressing the need for change in both policy and practice, the Center's technical assistance, training delivery, research, and information dissemination activities are designed to help states, local communities, and higher education institutions bring about systemic change to replace the currently fragmented training system with one that meets the needs of the field.

Selected Publications

Making a Career of It: The State of the States Report on Career Development in Early Care and Education

Partners in Change: Creating an Early Childhood Career Development System in States

Career Development Systems in Early Care and Education: A Planning Approach

CENTER FOR THE STUDY OF SOCIAL POLICY

1250 Eye Street NW, Suite 503
Washington, DC 20005
(202) 371-1565
(202) 371-1472 Fax

The Center for the Study of Social Policy, a nonprofit organization located in Washington, DC, was established in 1979 to assist federal, state, and local governments in improving human services for low-income and other disadvantaged populations. The Center seeks to promote systemic reform in human services through changes in financing, administration, and delivery of services. Its mission is to effect change through the analysis of existing policies and the development of new ones that reflect both intergovernmental and interagency perspectives.

Selected Publications

The Case for Shifting to Results-Based Accountability with A Start-Up List of Outcome Measures

Finding the Data: A Start-Up List of Outcome Measures with Annotations

A Matter of Commitment: A Community Resource Guide

World Without Work: Causes and Consequences of Black Male Joblessness

CENTER ON BUDGET AND POLICY PRIORITIES

777 North Capitol Street, NE
Suite 705
Washington, DC 20002
(202) 408-1080
(202) 408-1056 Fax

The Center on Budget and Policy Priorities is a leader in analyzing a broad range of budget and policy issues, with an emphasis on those issues that affect low- and moderate-income Americans. The Center has attained a national reputation for blending rigorous research with the ability to present its work in a timely and nontechnical manner. The Center is a principal source of information and analysis for policymakers, program managers, the media, non-profit organizations, and researchers at the federal, state, and local levels. The Center analyzes such matters as federal and state budget and tax policies, poverty and income trends, wage and unemployment issues, welfare, job training, and housing issues.

Selected Publications

Public Attitudes Toward Welfare Reform

National General Assistance Survey

The Budgetary Context for Changes In Safety Net Programs

THE CENTER ON EFFECTIVE SERVICES FOR CHILDREN

PO Box 27412
Washington, DC 20038-7412
(202) 785-9524
(202) 833-4454 Fax

The Center on Effective Services for Children was founded in 1991 to improve the effectiveness and efficiency of children's services. Recently, the Center's focus has been on helping states and localities prepare for block grants and other program changes. In addition, the Center offers consulting services. It has worked with several states to develop plans and programs incorporating impending changes, and provided training and technical assistance to states on building early childhood systems.

Selected Publications

Starting Fresh: A Guide to New Legislative Requirements and Opportunities Under Block Grants
Starting Fresh Manual: A Detailed 'How To' Guide to Meeting New Federal Block Grant and Welfare Reform Requirements.

CHILD AND FAMILY POLICY CENTER

218 Sixth Avenue
Fleming Building, Suite 1021
Des Moines, IA 50309-4006
(515) 280-9027
(515) 244-8997 Fax
E-mail: hn2228@handsnet.org

The Child and Family Policy Center was established in 1989 to better link research and policy on issues vital to children and families. On a national level, the Center operates the clearinghouse and technical assistance resource network of the National Center for Service Integration, and provides technical assistance and support to construct more comprehensive, community-based systems of support to families and children. In Iowa, the Center provides support to Iowa's decategorization initiatives to develop more seamless and preventive responses to children and families involved in the child welfare, juvenile justice, and mental health systems. Currently, the Center is working to develop more outcome-based approaches to addressing child and family needs, with a particular focus on community-building efforts within disinvested neighborhoods.

Selected Publications

More than Health Insurance: State Initiatives to Improve Infant and Child Health
Making Welfare Work: A Family Approach
Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services

CHILD CARE ACTION CAMPAIGN

330 Seventh Avenue, 17th Floor
New York, NY 10001
(212) 239-0138
(212) 268-6515 Fax

Child Care Action Campaign (CCAC) is a national nonprofit coalition of individuals and organizations whose goal is to improve the lives of children and their families by expanding the supply of good quality, affordable child care. By convening national conferences, business roundtables, and state forums, CCAC is building a broad-based constituency that utilizes its targeted research and information to promote creative solutions to the child care crisis in the United States. Founded in 1983, CCAC has led national thinking in defining child care as a bottom-line economic issue and fundamental component of education and welfare reform. Headquartered in New York City, and assisted by a panel of advisors in every state, CCAC uses its information resources and strategic skills to engage parents, policymakers, business leaders, and child care providers in improving child care and early education and making it available for all families.

Selected Publications

Where They Stand: A Digest of Organizational Policies on Child Care and Education
Making the Connections: Public-Private Partnerships in Child Care
Investing in the Future: Child Care Financing Options for the Public and Private Sectors
Child Care: The Bottom Line

CHILD CARE AWARE

2116 Campus Drive SE
Rochester, MN 55904
(800) 462-1660
(507) 287-2411 Fax
Web site: http://www.dhc.com/targetwww/html/child01.htm

Child Care Aware, formerly known as Family-to-Family, is a national initiative designed to improve the quality of child care through support for family child care professional development and parent education in recognizing and choosing high-quality child care. The initiative is a partnership of the Dayton Hudson Family of Stores (Dayton's, Hudson's, Marshall Field's, Mervyn's, and Target), the Child Care Action Campaign, the National Association of Child Care Resource and Referral Agencies, and the National Association for Family Child Care. Three professional development strategies have been implemented: training, accreditation, and creating or strengthening local provider associations. The initiative has worked in partnership with local agencies in 40 communities to train more than 16,000 family child care providers and assist over 700 in becoming accredited. A nationwide consumer education campaign called Child Care Aware was launched to enhance and support the work being done on a community level. The project also has a resource catalog with consumer education and professional development materials that local communities can use.

CHILD CARE IN HEALTH CARE

Bryan Memorial Hospital
Child Development Center
1600 South 48th Street
Lincoln, NE 68506
(402) 483-8624
(402) 483-8444 Fax

Child Care in Health Care (CCHC) is a national organization committed to developing leaders for child care in the health-care community. Its mission is to provide a network of resources that integrate quality child care services with the work/family and wellness initiatives within the health-care delivery system. Goals include achieving greater sponsorship for child care programs among health-care corporations, employee groups, and executives; providing continuing support for existing programs; and establishing new programs. Hospital child care needs are unique and specific—thus, CCHC's primary goal is to meet those special needs. CCHC provides its members with a network of resources which encourages NAEYC accreditation; a newsletter; a national directory of colleagues and programs; inclusion in a national survey; conferences; and partnering with other organizations.

CHILD CARE LAW CENTER

22 Second Street, 5th Floor
San Francisco, CA 94105
(415) 495-5498
(415) 495-6734 Fax

The Child Care Law Center is the only organization in the country working exclusively on the legal issues concerning the establishment and provision of child care. The Center's major objective is to use legal tools to foster the development of quality, affordable child care programs. The Center provides legal assistance and information to non-profit centers, family day care providers, parents, policymakers, community and governmental agencies, unions, and employers throughout the country. The Center also serves as a statewide legal support center providing free legal training, legal technical assistance, and advocacy support to legal services attorneys and others who work on child care issues for low-income families throughout California. In addition to its small legal staff, the Center is able to call upon attorneys who provide technical consultation and *pro bono* legal representation.

Selected Publications

Legal Update (a quarterly newsletter)
Child Care Contracts: Information for Providers
Family Day Care Zoning Advocacy Guide
Legal Guide for Child Care Resource and Referral Agencies

CHILDREN'S DEFENSE FUND

25 E Street NW
Washington, DC 20001
(202) 662-3544
(202) 662-3560 Fax
Web site: www.tmn.com/cdf/index.html

Children's Defense Fund (CDF) exists to provide a strong and effective voice for all the children of America who cannot vote, lobby, or speak for themselves. CDF pays particular attention to the needs of poor and minority children and to children with disabilities. Its goals are to educate the nation about the needs of children and to encourage preventive investment in children before they get sick, drop out of school, suffer family breakdowns, or get into trouble. CDF focuses on programs and policies that affect large numbers of children, rather than on helping families on a case-by-case basis. CDF gathers and disseminates information on key issues affecting children. It monitors the development and implementation of federal and state policies. It also provides information, technical assistance, and support to a network of state and local child advocates, service providers, and public and private sector officials and leaders. CDF pursues an annual legislative agenda in the U.S. Congress in states where the CDF has offices.

Selected Publications

Helping Children by Strengthening Families: A Look at Family Support Programs
A Guide for Planning: Making Strategic Use of the Family Preservation and Support Services Program
Working Together for Children: Head Start and Child Care Partnerships
How Safe: The Status of State Efforts to Protect Children in Child Care

The Children's Partnership

1460 4th Street, Suite 306
Santa Monica, CA 90401
(310) 260-1220
(310) 260-1921 Fax

5505 Connecticut Avenue NW
Washington, DC 20015-2601
(202) 362-5902
E-mail: hn3824@handsnet.org

The Children's Partnership is a national nonprofit, nonpartisan organization whose mission is to educate leaders and the public about the needs of America's 67 million children, and to engage them in ways that benefit children. The Partnership undertakes research and policy analysis; publishes reports and materials; develops multimedia campaigns; and forges new alliances among parents, policymakers, and the private sector to achieve tangible gains for children. The Partnership focuses particular attention on identifying new trends and emerging issues that will affect large numbers of America's children and on providing early analysis and strategies for action. In this way, the Partnership functions as a research and development arm for the children's movement. Current projects include *America's Children and the Information Superhighway*, a multiyear project exploring how the information superhighway and related technologies can best serve children, and *Children and Health Care Reform*, a project to monitor changes in health policy and to identify opportunities that will improve health insurance coverage of and services for children.

Selected Publications

Community Organizing and Advancing a Children's Agenda: A Strategic Audit
America's Children and the Information Superhighway
America's Uninsured Children and the New Policy Environment: A Strategic Audit of Activities and Opportunities

Child Trends, Inc.

4301 Connecticut Avenue NW
Suite 100
Washington, DC 20008
(202) 362-5580
(202) 362-5533 Fax
E-mail: 73252.3431@compuserve.com

Child Trends is a non-profit research firm that focuses on children and families. Its primary goal is to improve the quality, scope, and use of research and statistical information concerning children. It seeks to accomplish this objective by: (1) conducting basic research and evaluation studies on the factors that affect the development and well-being of children; (2) educating the public, policymakers, and media about current trends in the circumstances of children's lives, and disseminating indicators of child health, learning, adjustment, and behavior; (3) improving the concepts and methods that guide research on the development and well-being of children in the United States, including the design and coordination of collaborative research projects in this field; (4) fostering collaboration among social scientists and other professionals, including educators, medical researchers, policymakers, and service providers, to advance multidisciplinary approaches to the understanding of child development and well-being; and (5) encouraging policymakers to use rigorous research and statistical information concerning children in the policymaking process.

Selected Publications

Indicators of Children's Well-Being: A Review of Current Indicators Based on Data from the Federal Statistical System
A Guide to State and Local-Level Data Available Through the Federal Statistical System
Trends in the Well-Being of America's Children and Youth: 1996
Criteria for Indicators of Child Well-Being.

CHILD WELFARE LEAGUE OF AMERICA

440 First Street NW, Suite 310
Washington, DC 20001
(202) 638-2952
(202) 638-4004 Fax
Web site: http://www.handsnet.org/cwla

The Child Welfare League of America (CWLA) is an association of more than 800 public and not-for-profit agencies devoted to improving life for at-risk children and youth and their families. Member agencies are involved with prevention and treatment of child abuse and neglect, child day care, family preservation, and programs for pregnant and parenting teenagers. Other concerns of member agencies include housing and homelessness, pediatric AIDS and HIV. For all these areas, CWLA has program experts who consult, train, and otherwise assist agencies to advance their practice. CWLA is the largest publisher of child welfare materials in the country; is involved extensively in consulting on improving services to children and families; and convenes conferences, seminars, and training sessions throughout the year.

Selected Publications

Blueprint for Fostering Infants, Children, and Youths in the 1990s
Building Early Childhood Systems: A Resource Handbook
CWLA Standards for Services to Strengthen and Preserve Families with Children

CITYMATCH

University of Nebraska Medical Center
Department of Pediatrics
600 South 42nd Street
PO Box 982175
Omaha, NE 68198-2175
(402) 559-8323
(402) 559-5355 Fax
E-mail: mpeck@unmc.edu (Dr. Magda G. Peck)

CityMatCH is a freestanding national membership organization of city and county health departments' maternal and child health (MCH) programs and leaders representing urban communities in the United States. The mission of CityMatCH is to enhance the ability of MCH programs in urban communities to improve the health and well-being of the nation's children and families. CityMatCH carries out this mission by maintaining a strong voice for urban MCH programs and providers in program and policy development, and by participating in national discussions related to health care priorities, system reform, and resource allocation. Membership in CityMatCH is extended to city or county health departments having jurisdiction over one or more urban areas with populations of 100,000 or larger. In states where no urban area has a population that size, one city or county health department in that state is granted membership. In addition, any person who has an interest in urban MCH affairs but is not a local MCH director or designee may become an associate member.

Selected Publications

What Works III: 1995 Urban MCH Programs—Focus on School Health
What Works II: 1992 Urban MCH Programs: Focus on Immunization
Changing the Rules: Medicaid Managed Care and MCH in U.S. Cities
CityLights (quarterly newsletter)

Communications Consortium Media Center

1200 New York Avenue NW
Suite 300
Washington, DC 20005
(202) 682-1270
(202) 682-2154 Fax
E-mail: kbonk@ccmc.org (Kathy Bonk)

The Communications Consortium is a public interest media center dedicated to helping nonprofit organizations use media and new telecommunications technologies as tools for public education and policy change. Its mission is to mobilize public opinion through education campaigns with policy experts and organizations that share similar goals and concerns. Projects include initiatives on adoption reform, foster care reform, early care and education, and learning disabilities.

Selected Publications

Working with Families, Working with the Media

Community Development Institute

PO Box 50099
East Palo Alto, CA 94303
(415) 327-5846
(415) 327-4430 Fax

The mission of Community Development Institute (CDI) is to assist low-income communities in combating the causes of racism and poverty. CDI engages in various activities to promote political empowerment, economic development, and social revitalization. The primary goals of CDI are to build internal capacity, train indigenous leaders, and develop healthier and safer communities. CDI provides professional services to social justice, human service, community development, and governmental organizations throughout the country. Its services include organizational development, strategic planning, board development, diversity and community relations.

Council of Chief State School Officers

One Massachusetts Avenue NW, Suite 700
Washington, DC 20001-1431
(202) 408-5505
(202) 408-8072 Fax
Web site: http://www.ccso.org

The Council of Chief State School Officers is a nationwide non-profit organization composed of officials who head the departments of elementary and secondary education in the states, U.S. extra-state jurisdictions, the District of Columbia, and the Department of Defense Dependents Schools. The Council's members develop policy and consensus on major education issues, which the Council advocates before the President, federal agencies, Congress, professional and civic associations, and the public. With the support of foundations and federal agencies, the Council undertakes projects that assist states with new policy and administrative initiatives and assist federal agencies and foundations in implementing their programs. During the past eight years, the Council has adopted major policy statements around the theme "Education Success for All."

Selected Publications

Moving Toward Accountability for Results: A Look at Ten States' Efforts
Early Childhood and Family Education: Foundations for Success
Restructuring Learning for All Students
Goals 2000: Educate America Act State Profiles

COUNCIL OF GOVERNORS' POLICY ADVISORS

Hall of the States—Suite 390
400 North Capitol Street
Washington, DC 20001-1511
(202) 624-5386
(202) 624-7846 Fax

Council of Governors' Policy Advisors (CGPA) is a nonprofit, nonpartisan membership organization of the top policy and planning advisors to Governors. CGPA conducts research and makes policy recommendations, and provides management training and technical assistance on critical and emerging issues. CGPA has been affiliated with the National Governors' Association since 1975.

Selected Publications

Getting Results: A Guide for Government Accountability
Building Results: New Tools for an Age of Discovery in Government
Strengthening Families: A Guide for State Policymaking
A Guide to Community-Based, Collaborative Strategic Planning

DEPARTMENT OF PEDIATRICS

Boston City Hospital & Boston University School of Medicine
Dowling 3 South
Boston City Hospital
818 Harrison Avenue
Boston, MA 02118
(617) 534-7424
(617) 534-3833 Fax
E-mail: zuckerman_b@a1.bch.ci.boston.ma.us
(Barry Zuckerman, M.D.)

The mission of the Department of Pediatrics is to provide family-oriented and culturally sensitive health care—especially to children at risk due to poverty; to educate health and other professionals who work with children; to develop new knowledge about health and developmental problems, especially among urban children; to advocate for needed services and programs; and to work with community agencies to maximize health promotion and disease prevention.

Selected Publications

Clinic-Based Intervention to Promote Literacy
Preventive Pediatrics: New Models for Primary Care
Poverty and Early Childhood Development: What Do We Know and What Should We Do?

FAMILIES AND WORK INSTITUTE

330 Seventh Avenue
New York, NY 10001
(212) 465-2044
(212) 465-8637 Fax
Web site: http://www.familiesandwork.org

Families and Work Institute (FWI) is a non-profit organization that addresses the changing nature of work and family life. The Institute is committed to finding research-based strategies that foster mutually supportive connections among workplaces, families, and communities. FWI:

- identifies emerging work-life issues, considering the entire life cycle, from prenatal and child care to elder care;
- benchmarks solutions to work-life problems across all sectors of society—business, education, community, and government—and serves as a broker to build connections among these sectors; and

- evaluates the impact of solutions on employees, their families, their communities, and on the productivity of employers.

Selected Publications

The Changing Workforce: Highlights of the National Study

The Corporate Reference Guide to Work-Family Programs

The Study of Children in Family Child Care and Relative Care

The Florida Child Care Quality Improvement Study

FAMILY RESOURCE COALITION

200 South Michigan Avenue, 16th Floor
Chicago, IL 60604
(312) 341-0900
(312) 341-9361 Fax

The Family Resource Coalition (FRC) is a membership, consulting, and advocacy organization that seeks to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members. FRC builds networks, produces resources, advocates for public policy, provides consulting services, and gathers knowledge to help grow the family support movement. It includes the African American and Latino Caucuses—affinity groups that focus on the diverse needs of their communities. FRC members have access to resources and information on family support, subscriptions to a periodical and newsletter, national representation in advocating for families, and discounts on registration at the national FRC conference. FRC also offers in-depth assistance through individual consulting projects and on a retainer basis on such issues as implementation of legislative mandates, service integration, and program design and implementation.

Selected Publications

Making the Case for Family Support: An Essay with Supporting Documents

Know Your Community: A Step-by-Step Guide to Community Needs and Resources Assessment

Key Characteristics and Features of Community-Based Family Support Programs

The Basics of Family Support

THE FATHERHOOD PROJECT

Families and Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001
(212) 465-2044 x203
(212) 465-8637 Fax
Web site: http://fatherhoodproject.org

The Fatherhood Project is a national research and education project that is examining the future of fatherhood and developing ways to support men's involvement in childrearing. The Project offers training for early childhood and family support programs; consults with businesses, community organizations, and state and federal agencies; conducts seminars and public education programs for communities that are interested in promoting responsible fatherhood; and is spearheading the organization of a National Practitioner's Network on Fatherhood. The Project was founded in 1981 at the Bank Street College of Education and relocated in 1989 to the Families and Work Institute in New York City.

Selected Publications

Getting Men Involved: Strategies for Early Childhood Programs

New Expectations: Community Strategies for Responsible Fatherhood

THE FINANCE PROJECT

1341 G Street NW, Suite 820
Washington, DC 20005
(202) 628-4200
(202) 628-4205 Fax
E-mail: tfinancep@aol.com

The Finance Project is a national initiative designed to improve the effectiveness, efficiency, and equity of public financing for education and other children's services. Over a three-year period that began in January 1994, the project is undertaking an array of policy research and development activities, as well as policymaker forums and public education activities. Specific activities are aimed at increasing knowledge and strengthening the capability of communities, states, and the federal government to implement promising strategies for generating necessary public resources and improving the return on investments in children and their families. These activities include disseminating literature, policy tools, program models, and training materials; providing outreach and information; convening conferences; collaborating with groups that are implementing financing strategies and providing technical assistance; helping to develop media coverage; and developing strategies for public engagement.

Selected Publications

Conceptualizing the Costs of Comprehensive, Community-Based Support Systems for Children
Compendium of Comprehensive, Community-Based Initiatives: A Look at Costs, Benefits, and Financing Strategies
The Role of Finance Reform in Comprehensive Service Initiatives
A Strategy Map for Results-Based Budgeting

HARVARD FAMILY RESEARCH PROJECT

38 Concord Avenue
Cambridge, MA 02138
(617) 495-9108
(617) 495-8594 Fax
E-mail: weiss@hugsel.harvard.edu (Heather B. Weiss)

Harvard Family Research Project (HFRP) conducts and disseminates research about programs and policies to strengthen and support families with young children, advance evaluation practices, and make an impact on program and policy development. The audience for the Project's work ranges from national and state policymakers to researchers and local practitioners. HFRP areas of expertise include innovative evaluation strategies, training for community collaboration and family-focused practice; school-linked services, development of integrated early childhood family support services; results-based accountability; community response to devolution; and family support program development and evaluation. Current projects include case studies of state efforts to develop results-based accountability systems; the development and testing of new training approaches and tools for family-focused early childhood practice, and the tracking and dissemination of innovative evaluation strategies for child and family services.

Selected Publications

Building Villages to Raise Our Children
The Evaluation Exchange: Emerging Strategies in Evaluation of Child and Family Services (quarterly newsletter)
Raising Our Future: Families, Schools, and Communities Joining Together
Head Start as a Family Support Program: Renewing a Community Ethic

HUMAN SERVICE COLLABORATIVE

2262 Hall Place NW
Suite 204
Washington, DC 20007
(202) 333-1892
(202) 333-8217 Fax
E-mail: hn5799@handsnet.org

Human Service Collaborative (HSC) is a policy, technical assistance, and consulting group dedicated to planning and implementing neighborhood-driven, culturally competent, family-focused systems of services and supports for children, youth, and their families. HSC works with states, counties, cities, and neighborhoods to develop partnerships to reform existing service delivery systems to reflect community strengths, needs, and priorities. HSC has particular expertise in interagency reforms focusing on the child mental health, child welfare, juvenile justice, and special education systems, and in integrating these reforms with managed-care initiatives. HSC also has expertise in the development of culturally competent service systems.

Selected Publications

Principles of Local System Development for Children, Adolescents and Their Families
Profiles of Local Systems of Care for Children and Adolescents with Severe Emotional Disturbances
Towards a Culturally Competent System of Care
Resources for Staffing Systems of Care for Children and Their Families

HUMAN SERVICES RESEARCH INSTITUTE

525 Glen Creek Road, Suite 230
Salem, OR 97304
(503) 362-5682
(503) 362-7729 Fax
E-mail: MadyK@aol.com (Madeleine Kimmich)

Human Services Research Institute (HSRI) is a non-profit organization dedicated to improving services and supports to vulnerable populations. HSRI works at federal, state, and local levels, conducting extensive policy analysis, program evaluation, and system redesign in the fields of child welfare, developmental disabilities, and mental health. HSRI is a national leader in designing and evaluating family support programs for children and adults with developmental disabilities. In recent years, HSRI efforts have focused on the integration and decentralization of services, and on applying managed-care technology to long-term supports.

Selected Publications

Decategorization as a Strategy for Comprehensive Community-Based Planning: Lessons Learned in Implementation
Collaboration in Action: Results of a National Survey of Family Support Programs
Road to the Future: Emerging Trends in Job Coaching and Supported Employment

THE INSTITUTE FOR EDUCATIONAL LEADERSHIP

1001 Connecticut Avenue NW, Suite 310
Washington, DC 20036
(202) 822-8405
(202) 872-4050 Fax
E-mail: hn3629@handsnet.org

The Institute for Educational Leadership (IEL) is a "hands-on think tank" with a 32 year history of preparing, supporting, and linking leaders. Its goal is to improve the policies and systems that educate and support children, youth, and families. IEL believes that communities, government, and the private sector must be partners in creating a society where all persons are educated to their full potential and prepared to become economically self-sufficient and productive participants in American life. IEL carries out its work by developing and synthesizing knowledge, preparing leaders and other stakeholders, and promoting action. Some of IEL's areas of expertise include leadership development, governance, coalition-building in support of education, and the exploration and analysis of emerging trends and policy issues. IEL uses a variety of strategies to share knowledge and lessons learned and to support informed engagement by all stakeholders in the public policy process. Written materials include books, reports, training materials, and newsletters. Forums, seminars, and other face-to-face learning activities provide opportunities for dialogue, discussion, and a heightened understanding of issues.

Selected Publications

Creating and Nurturing Collaboration in Communities: Stories from the Collaborative Leadership Development Program
Targeting Youth: The Sourcebook for Federal Policies and Programs
Dollars and Sense: Diverse Perspectives on Block Grants and the Personal Responsibility Act

JUDGE DAVID L. BAZELON CENTER FOR MENTAL HEALTH LAW

1101 15th Street NW
Suite 1212
Washington, DC 20005-5002
467-5730, ext. 12
(202) 467-4232 TTD
(202) 223-0409 Fax
E-mail: hn1660@handsnet.org

The Bazelon Center, formerly the Mental Health Law Project (MHLP), is a non-profit public-interest organization formed in 1972 to establish the legal rights or children and adults with mental and developmental disabilities and to generate services and supports to meet their needs. It uses a coordinated strategy of precedent-setting litigation, federal and state policy advocacy, and technical assistance for advocates. Its priorities include preventing institutionalization of people with mental disabilities and promoting their integration into society. Key areas for the organization's focus include housing, employment, health care, income support and services that can improve prospects for children, such as early intervention through family-centered, community-based systems of health/mental health care.

Selected Publications

Managing Managed Care for Publicly Funded Mental Health Services
Family Advocates' Guide to Managed Care
Issue Brief and Advocacy Tips on Managed Care and Young Children's Mental Health

LOCAL INITIATIVES SUPPORT CORPORATION

733 Third Avenue, 8th Floor
New York, NY 10017-3204
(212) 455-9800
(212) 682-5929 Fax

Local Initiatives Support Corporation (LISC) was established in 1979 by the Ford Foundation to help resident-led community development corporations (CDCs) transform their distressed neighborhoods into healthy communities. LISC provides financial and technical support to CDCs in 35 cities nationwide—both to strengthen them organizationally and to support them in a range of housing, economic, and social development activities designed to revitalize distressed neighborhoods. LISC has expertise in community facility/housing development finance and management, community organizing and planning, and organizational development. Current projects include initiatives involving child care, community-building and community security.

Selected Publications

Building Communities
Developing Child Care Facilities: A Case Study Report
Social Community Development Report to the Field

NATIONAL ASSOCIATION FOR FAMILY CHILD CARE

1440A New York Avenue NW, Suite 348
Washington, DC 20005
(800) 359-3817
(619) 463-1951 Fax/Messages

The mission of National Association for Family Child Care (NAFCC) is to strengthen the profession of family child care through the Association's accreditation process, leadership training, technical assistance, newsletters, and biannual conference. Beginning its 14th year, NAFCC advocates for, and serves, local and state family child care associations across the country. A primary focus of NAFCC is to enhance quality by increasing the resources available to providers through strong family child care associations and by targeting and developing leadership at the local and state levels.

NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

1509 16th Street NW
Washington, DC 20036-1426
(800) 424-2460; (202) 232-8777
(202) 328-1846 Fax
Web site: http://www.america_tomorrow.com/naeyc

National Association for the Education of Young Children (NAEYC) is the nation's largest organization of early childhood professionals and others dedicated to improving the quality of early childhood education programs for children birth through age eight. Founded in 1926, NAEYC membership reached 95,000 in 1995 and includes a national network of more than 400 local, state, and regional early childhood organizations affiliated with NAEYC. NAEYC Affiliate Groups share and help to implement NAEYC's primary goals of improving professional practice and working conditions in early childhood education and building public understanding and support for high-quality early childhood programs.

Selected Publications

Caring Communities: Supporting Young Children and Families
Speaking Out: Early Childhood Advocacy
Grassroots Success! Preparing Schools and Families for Each Other
Guiding Principles for the Development, Analysis, and Implementation of Early Childhood Legislation

National Association of Child Care Resource & Referral Agencies

1319 F Street NW, Suite 810
Washington, DC 20004-1106
(202) 393-5501
(202) 393-1109 Fax
E-mail: HN5017@handsnet.org

National Association of Child Care Resource & Referral Agencies (NACCRRA) is a membership organization of over 450 community-based child care resource and referral (CCR&R) organizations and state networks throughout the United States and Canada. Locally, and at the state level, child care resource and referral agencies with their threefold mission of services to families, working in the community for improved services to families and children, and managing information, are in a unique position to play key roles in community mobilization to improve services to children and families. The foundation of CCR&R is work with families. CCR&Rs help families manage life transitions that include preparation for parenthood, return to education, training or work, job changes, and family emergencies. In its work with child care providers, CCR&Rs work to impact availability, quality, and affordability issues while making the system more responsive to family needs. Working with employers, CCR&Rs offer enhanced referral services to employees, consultation on child care planning to companies, as well as developing new forms of care. CCR&Rs also work with community agencies by participating in community planning by providing data, forming coalitions to improve services, and working on professional development issues.

Selected Publications

Making Child Care Work: A Study of Child Care Resource and Referral in the United States
Supporting Families in Changing Times: Child Care Resource and Referral Looks to the Future

National Black Child Development Institute

1023 15th Street NW, Suite 600
Washington, DC 20005
(202) 387-1281
(202) 234-1738 Fax
Web site: http://www.nbcdi.org

Founded in 1970, National Black Child Development Institute (NBCDI) is dedicated to improving the quality of life and opportunities for African American children and their families through direct services, public education, and leadership development. NBCDI focuses primarily on issues and services that fall within four areas: health, child welfare, education, and child care/early childhood education. The organization monitors public policy issues that affect African American children and educates the public through regular publications, an annual conference, and other public forums. NBCDI is supported by an affiliate network in 43 cities across the United States.

Selected Publications

The Spirit of Excellence: Each One, Reach One (tutorial project)
Child Care Power
The Black Child Advocate (quarterly newsletter)

NATIONAL CENTER FOR CHILDREN IN POVERTY

Columbia University School of Public Health
154 Haven Avenue
New York, NY 10032
(212) 927-8793
(212) 927-9162 Fax
Web site: http://cpmcnet.columbia. edu/
dept/nccp/

The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that reduce the number of young children living in poverty in the United States, and to improve the life chances of millions of children under age six who are growing up in poverty. Activities include gathering and disseminating information about child poverty and its consequences, conducting field-based program studies, providing a state and local perspective on relevant national issues, and bringing together public and private groups to assess the efficacy of different strategies for lowering the number of young children living in poverty.

Selected Publications

Mapping and Tracking State Initiatives to Meet the Needs of Young Children and Families: A State-by-State Overview
Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities
Community-Based Family Support and Education Programs: Something Old or Something New?
Children and Youth—An Action Agenda

NATIONAL CENTER FOR EDUCATION IN MATERNAL AND CHILD HEALTH

2000 15th Street North, Suite 701
Arlington, VA 22201-2617
(703) 524-7802
(703) 524-9335 Fax

Publications:

National Maternal & Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182-2536
(703) 821-8955
(703) 821-2098 Fax
E-mail: ncemch01@gumedlib.dml.
georgetown.edu

National Center for Education in Maternal and Child Health (NCEMCH) provides information services, technical assistance, and educational materials to organizations, agencies, and individuals interested in maternal and child health. NCEMCH maintains a reference collection of policy papers, agency reports, conference proceedings, annuals, guidelines, sample consumer education materials, curricula, and materials on the history of maternal and child health services. NCEMCH's library is publicly accessible by appointment.

Selected Publications

Publications are disseminated through NCEMCH's sister organization, the National Maternal and Child Health Clearinghouse. Professional resources include materials on subjects such as prenatal care, adolescent health, nutrition and breast-feeding, lead poisoning, disabilities, legislation, and social work. Limited consumer education materials are also available.

NATIONAL CENTER FOR FAMILY LITERACY

Waterfront Plaza, Suite 200
Louisville, KY 40202-4251
(502)584-1133
(502)584-0172 Fax

The National Center for Family Literacy (NCFL) is a non-profit corporation that provides leadership in family literacy. It serves the literacy needs of families, so that families in need can achieve educational, economic, and social well-being. NCFL's goal is to make family literacy services available to every family in the nation that needs these services. To achieve this goal, NCFL provides training and technical assistance, as well as advocacy and research, and disseminates information about family literacy.

Selected Publications

Window (magazine)
Training Materials
Videotapes
Reports

NATIONAL CENTER FOR SERVICE INTEGRATION CLEARINGHOUSE

c/o Child and Family Policy Center
1021 Fleming Building
218 Sixth Avenue
Des Moines, Iowa 50309-4006
(515) 280-9027
(515) 244-8997 Fax

The mission of the National Center for Service Integration Clearinghouse (NCSI) Clearinghouse is to stimulate and support service integration efforts across the country by serving as an information clearinghouse for documents, programs, and organizations. The operating philosophy of NCSI, consistent with its mission, is to collaborate with and complement—rather than attempt to replace—other clearinghouses, consortia, and institutions that work in similar and related activities. Although no sharp limitations regarding target groups or services are appropriate, NCSI's initial focus is on integrating educational, health, and other social services directed to children and families. NCSI has defined service integration as the process by which a range of educational, health, and social services are delivered in a coordinated way to improve the outcomes of individuals and families. Current efforts in service integration strive to overcome the disadvantages of the present fragmented structure of programs and providers, often promulgated by professional specialization.

Selected Publications

Toward Systemic Reform: Service Integration for Young Children and Their Families
Information Systems to Support Comprehensive Human Services Delivery
Resource Brief #1, So You Think You Need Some Help? Making Effective Use of Technical Assistance
Resource Brief #7, Making a Difference; Moving to Outcome-Based Accountability for Comprehensive Service Reforms

National Center for the Early Childhood Workforce

(formerly the Child Care Employee Project)
733 15th Street NW
Suite 1037
Washington, DC 20005-2112
(202) 737-7700
(202) 737-0370 Fax

The over-arching mission of the National Center for the Early Childhood Workforce (NCECW) is to assure high-quality, affordable child care services for families by upgrading the training and compensation of teachers and providers. The NCECW addresses its mission through program and policy development; research and evaluation; and public education activities at the local, state, and national levels. The NCECW serves as the national coordinator of the Worthy Wage Campaign, a grassroots mobilization of caregivers, parents, and others working to find solutions to the staffing crisis in child care. Additionally, NCECW coordinates the Early Childhood Mentoring Alliance, a network of early childhood professionals working to enhance career development, compensation, and leadership among child care teachers and providers.

Selected Publications

Breaking the Link: A National Forum on Child Care Compensation
National Child Care Staffing Study
Salary Surveys: How to Conduct One in Your Community
Working for Quality Child Care

National Child Care Information Center

301 Maple Avenue West, Suite 602
Vienna, VA 22180
(800) 616-2242
(800) 716-2242 Fax
TDD: (800) 516-2242
E-mail: agoldstein@acf.dhhs.gov
Web site: http://ericps.ed.uiuc.edu/nccic/nccichome.html
Gopher: ericps.ed.uiuc.edu then select NCCIC

The National Child Care Information Center (NCCIC) has been established to complement, enhance, and promote child care linkages and to serve as a mechanism for supporting quality, comprehensive services for children and families. NCCIC activities include dissemination of child care information, outreach to the child care community on child care related issues, support to the federal Child Care Bureau through collection and analysis of child care data, and maintenance of a database of national information reported by State, Tribal, and Territorial grantees.

Selected Publications

Child Care Bulletin

National Civic League

1445 Market Street, Suite 300
Denver, CO 80202-1728
(303) 571-4343
(303) 571-4404 Fax
Web site: http://www.csn.net/ncl

National Civic League (NCL) advocates a new civic agenda to create communities that work for everyone. Founded in 1894 by Theodore Roosevelt, Louis Brandeis, and other turn-of-the-century progressives, NCL promotes the principles of collaborative problem-solving and consensus-based decision making. NCL accomplishes its mission through technical assistance, training, publishing, research, and an awards program.

Selected Publications

The Community Visioning and Strategic Planning Handbook
The Civic Index: A New Approach to Improving Community Life
Healthy Communities Directory

NATIONAL COALITION FOR PARENT INVOLVEMENT IN EDUCATION

Box 39, 1201 16th Street NW
Washington, DC 20036
(202) 822-8405
(202) 872-4050 Fax

The National Coalition for Parent Involvement in Education (NCPIE) is dedicated to developing effective family/school partnerships in schools throughout the United States. Its mission is to advocate the involvement of parents in their children's education and to foster relationships between home, school, and community that can enhance the education of all the nation's young children. Through regularly scheduled meetings in Washington, DC, coalition members share information, and initiate collaborative efforts and projects. NCPIE membership includes the major education associations and advocacy groups throughout the country. The coalition seeks to serve as a visible national representative for parent involvement, conduct parent involvement activities with members and other sectors, and provide information that helps members promote parent involvement.

NATIONAL CONFERENCE OF STATE LEGISLATURES

1560 Broadway, Suite 700
Denver, CO 80202
(303) 830-2200
(303) 863-8003 Fax

444 North Capitol Street NW
Washington, DC 20001
(202) 624-5400
(202) 737-1069 Fax

Web site: http://www.ncsl.org
Telnet: telnet://ncsl.org
BBS: (303) 830-7833

The National Conference of State Legislatures (NCSL) is composed of the legislatures of each of the 50 states, the District of Columbia, each of the territories of the United States, and the Commonwealth of Puerto Rico. The mission of the NCSL is to advance the effectiveness, independence, and integrity of the legislatures as equal coordinate branches of government, to foster interstate cooperation, to represent the states and their legislatures in the United States federal system of government, and to improve the organization, processes, and operations of the state legislatures; the knowledge and effectiveness of individual legislators and staffs; and to encourage the practice of high standards of personal and professional conduct by legislators and staffs.

Selected Publications

State Legislatures (magazine)
State Legislative Reports
The Fiscal Letter
States' Advocate

NATIONAL COUNCIL ON FAMILY RELATIONS

3989 Central Avenue NE
Suite 550
Minneapolis, MN 55421
(612) 781-9331
(612) 781-9348 Fax
E-mail: ncfr3989@sihope.com

The National Council on Family Relations provides a forum for family researchers, educators, and practitioners to share in the development and dissemination of knowledge about families and family relationships; establishes professional standards; and works to promote family well-being.

Selected Publications

Journal of Marriage and the Family
Family Relations
The Work and Family Interface: Toward a Contextual Effects Perspective (Families in Focus Series)

NATIONAL GOVERNORS' ASSOCIATION

444 North Capitol Street, Suite 267
Washington, DC 20001
(202) 624-5300
(202) 624-5313 Fax

National Governors' Association (NGA) provides assistance to Governors and their staff across the broad spectrum of domestic policy. NGA has taken a leadership role in helping states design and implement strategies to meet Goal One of the National Education Goals: "By the year 2000 all children will start school ready to learn." Activities include helping states articulate a clear vision for children and families, developing goals and benchmarks to measure progress, and designing comprehensive support systems for young children and their families. Special attention has been given to identifying "best practices" based on research and states' experiences in improving access to prenatal and well-child care; integrating child care, Head Start, and public preschool; increasing parenting skills; engaging fathers in childrearing; increasing family stability; and reducing violence among children and youth. In addition, NGA has provided guidance on establishing new governance structures for children's services, decentralizing authority, building community capacity, and engaging the public in reform efforts.

Selected Publications

Our Babies, Our Future (video)
Governors' Campaign for Children: An Action Agenda for States
Changing Systems for Children and Families
Every Child Ready for School: Report of the Action Team on School Readiness

NATIONAL HEAD START ASSOCIATION

Partnership Project
1651 Prince Street
Alexandria, VA 22314
(703) 739-0875
(703) 739-0878 Fax
Web site: http://nhsa.org/

The National Head Start Association (NHSA) is a non-profit membership organization representing Head Start parents, staff, administrators, and friends. It is the only national organization dedicated exclusively to the concerns of the Head Start community. The Partnership Project works to expand and extend services to Head Start children and families by identifying and strengthening existing linkages and collaborations. The

Project's mission is to increase collaborative efforts in child care, family support, health care, access to private-sector resources, and public school transition. Major activities include education and advocacy on behalf of Head Start children, their families, and programs. NHSA also produces regular policy and legislative updates, special studies and reports, training conferences, and leadership institutes.

Selected Publications

Head Start Works!
Quarterly journal
Partnership newsletter

NATIONAL HEALTH & EDUCATION CONSORTIUM

c/o The Institute for Educational Leadership
1001 Connecticut Avenue NW, Suite 310
Washington, DC 20036
(202) 822-8405
(202)872-4050 Fax

National Health & Education Consortium (NHEC) contends that children must be healthy to be ready to learn and that children must be educated to remain healthy for a lifetime. Fifty-eight of the nation's most influential national professional membership associations in the health and education fields belong to NHEC. The organization does not represent any particular special interest group, but can mobilize the collective influence of these 58 associations on behalf of a shared mission. Its goals include improving public policy by addressing health and education system coordination, strengthening communication between sectors, and identifying exemplary program models and practices that effectively integrate services.

Selected Publications

Putting Children First: State-Level Collaboration Between Education and Health
Health/Education Collaboration: Insights Into Six Field Activities
Where The Kids Are: How to Work with Schools to Create Elementary School-Based Health Centers

NATIONAL SCHOOL-AGE CARE ALLIANCE

PO Box 676
Washington, DC 20004-0676
(317) 283-3817 - Ellen Clippinger, President
(317) 283-3840 Fax

National School-Age Care Alliance (NSACA) is a membership organization whose mission is to support professionals to provide quality care for children and youth during out-of-school time. Its goals include developing a strong affiliate network, promoting and developing national standards for the school-age care field, and increasing and impacting public policy development. It is currently involved in two collaborative projects that will enhance the quality of programs: one is an accreditation system being piloted in connection with the School Age Child Care Project at Wellesley College; the other is the Action for Children Today (ACT) Project with the National Association of Child Care Resource and Referral Agencies. NSACA has 32 state affiliates with a membership of approximately 3,300.

NATIONAL WOMEN'S LAW CENTER

11 Dupont Circle NW, Suite 800
Washington, DC 20036
(202) 588-5180
(202) 588-5185 Fax

The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's rights. The Center focuses on major policy areas of importance to women and their families—including education, employment, income security, family support, and health and reproductive rights—with special attention to the concerns of low-income women. As a legal arm of the women's movement, the Center has used multiple strategies for change. The Center has litigated groundbreaking cases and filed briefs in landmark Supreme Court decisions; advocated before state and federal policymakers to shape legislation and policies affecting women's lives; and educated the public about issues central to women. The Center's expertise makes it an important contributor to progress on behalf of women and their families at work, at home, and in virtually every aspect of their lives.

Selected Publications

Making the Grade for Care: Ranking State Child and Dependent Care Tax Provisions
Goals 2000 and Pregnant and Parenting Teens: Making Education Reform Attainable for Everyone
A Vision of Child Support Reform

PARENTS AS TEACHERS

National Center, Inc.
10176 Corporate Square Drive, Suite 230
St. Louis, MO 63132
(314) 432-4330
(314) 432-8963 Fax

The primary goal of Parents as Teachers (PAT) is to empower parents to give their children the best possible start in life. It is based on the concepts that experiences in the beginning years of a child's life are critical in laying the foundation for school and life success, and that parents, as children's first teachers, are children's most influential teachers. PAT is a completely voluntary program designed for all families with children from birth to entrance into kindergarten. The program covers child development and parent-child activities that encourage language and intellectual growth, curiosity, and social skills. The four components of the PAT program are: (1) personal visits by certified parent educators, (2) group meetings for parents, (3) annual development screenings coupled with parent and educator observations, and (4) assistance for parents in linking up with other services within their communities.

Selected Publications

Parents as Teachers Evaluation Abstract
Ready to Learn: Community Partnerships for Young Children
Be Your Child's Best First Teacher—A guide for Parents
Parents as Teachers News (quarterly newsletter)

PROGRAM FOR COMMUNITY PROBLEM SOLVING

915 15th Street NW
Suite 601
Washington, DC 20005
(202) 783-2961
(202) 347-2161 Fax
E-mail: hn4777@handsnet.org

The Program for Community Problem Solving helps community leaders all over the country enhance their abilities to "get things done" with collaborative decision making tools. It assists communities in using collaborative approaches for a wide array of undertakings—such as long-range planning, service delivery, conflict resolution, program implementation, and problem solving. In addition, it works with federal and state agencies, foundations, and others whose projects have a direct bearing on collaborative decision making at the community level. The ultimate goal of the Program is to help communities empower themselves and develop a civic culture that nurtures and supports inclusive collaborative decision making.

Selected Publications

Involving Citizens in Community Decision Making: A Guidebook
Facing Racial and Cultural Conflict: Tools for Rebuilding Community
Community Problem Solving Case Summaries: Volumes I -III

ROUNDTABLE ON COMPREHENSIVE COMMUNITY INITIATIVES FOR CHILDREN AND FAMILIES

The Aspen Institute
345 East 46th Street, Suite 700
New York, NY 10017-3562
(212) 697-1261
(212) 697-2258 Fax

The Roundtable on Comprehensive Community Initiatives for Children and Families of the Aspen Institute was established in 1992. Comprehensive community initiatives (CCIs) are neighborhood-based efforts that seek improved outcomes for individuals and families, as well as improvements in neighborhood conditions, by working comprehensively across social, economic, and physical sectors. The Roundtable is a forum in which people engaged in the field of CCIs—including foundation sponsors, directors, technical assistance providers, evaluators, and public officials—can meet to discuss lessons that are being learned by initiatives across the country and to work on common problems that they are facing.

SCHOOL-AGE CHILD CARE PROJECT

Center for Research on Women
Wellesley College
106 Central Street
Wellesley, MA 02181-8259
(617) 283-2547
(617) 283-3657 Fax
*Web site:*http://www.wellesley.edu/cheever/saccp.html

The mission of the School-Age Child Care Project is to improve the quantity and quality of school-age child care programs nationally through collaborative work with communities, individuals, and organizations, and to raise the level of public awareness about the importance of children's out-of-school time. It concentrates its efforts in four primary areas: research, education and training, consultations, and program development. For over 15 years, the Project's staff has served children, parents, child care program staff, school principals and supervisors, community leaders, and government officials. Current projects include developing a national accreditation system for school-age child care programs; implementing quality assessments and change strategies; providing training workshops and institutes; and producing technical assistance papers, training, and public awareness videos.

Selected Publications

School-Age Child Care: An Action Manual for the 90s and Beyond
Standards for Quality School-Age Child Care
A Resource Guide for School-Age Child Care

TOGETHER WE CAN INITIATIVE

c/o The Institute for Educational Leadership
1001 Connecticut Avenue NW, Suite 310
Washington, DC 20036
(202) 822-8405
(202) 872-4050 Fax
Contact: Martin J. Blank

The mission of Together We Can Initiative (TWC) is to develop and support a diverse nationwide network of individuals who can provide training and consulting support for collaborative community initiatives dedicated to improving results for children, youth, families, and communities. Technical assistance tools and resource materials are available. TWC conducts training of trainers sessions and offers direct services to community and state collaboratives. TWC is a partnership of The Institute for Educational Leadership, California Tomorrow, the Child and Family Policy Center, and the Program for Community Problem Solving.

ZERO TO THREE

National Center for Infants, Toddlers and Families
734 15th Street NW, Suite 1000
Washington, DC 20005-1013
(202) 638-1144
(202) 638-0851 Fax
(800) 899-4301 Publications

ZERO TO THREE's mission is to advance the healthy development of America's babies and young children. This organization strengthens and supports professionals, policymakers, and parents by:

- Increasing public awareness of the critical importance of the first three years of life;
- Fostering professional excellence through training and related activities;
- Inspiring tomorrow's leaders by identifying and engaging promising young professionals;
- Promoting the discovery and application of new knowledge, model approaches, and "best practices" concerning early childhood development;
- Stimulating effective service approaches and responsive policies; and
- Educating parents and other caregivers about significant differences they can make in the lives of babies and young children.

Selected Publications

Caring for Infants and Toddlers in Violent

Environments: Hurt, Healing and Hope

Head Start: A Guide to Planning Effective Training Events

Learning Through Supervision and Mentorship to Support the Developments of Infants, Toddlers, and Their Families: A Sourcebook

Afterword

Community Mobilization: Strategies to Support Young Children and Their Families

We have spent more than enough time and money trying to cure the ills of society with programs that unfortunately end up merely closing the barn door after the horses have left. If we have any hopes of making progress, we must attack our problems at the roots.

All we have is our children. Decency, fairness, honor, and respect for our fellow man in business, politics, sports, and life can only be achieved if we take care and nurture our most precious resource. Let's begin.

—Rob Reiner

Producer and Director
Castle Rock Entertainment

Community Mobilization

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[redacted] *Community Mobilization: Strategies to Support Young Children and Their Families* will lead you through the practical steps needed to turn your vision into reality. Includes detailed descriptions of hundreds of successful community collaborations throughout the country, with tips and lessons learned from the service providers, businesses, policy makers and parents involved.

Provides a terrific overview and review of the issues involved in mobilizing communities for effective, durable reform. Agilely combining conceptual and practical matters, the volume is a thoughtful, usable document that offers both the framework for and strategies to mount a serious mobilization effort. Bravo and onward!

—Sharon Lynn Kagan, Ed.D.

Senior Associate, Bush Center in Child Development and Social Policy, Yale University

The ability of our communities to deliver high quality programs to young children and their families is a critical concern for business. This book can lead the way.

—Deborah Stahl

Executive Director, Lucent Technologies Foundation

Provides a wonderful mix of practical advice and real world examples, getting to the core of how to engage communities in shaping the future for families and children.

—Edward L. Schor, M.D.

Medical Director, Division of Family and Community Health, Iowa Department of Public Health

Offers helpful tips and real-life examples for mobilizing community resources to support the well-being of young children and their families.

—Hedy Chang

Co-Director, California Tomorrow

Just when building communities is on the top of the agenda for program developers and policy makers concerned with the well-being of children and families, this book appears to answer the "how" question. Based on a set of sound principles, it is full of thorough, detailed information on what it takes to build and sustain a community supportive of its families. It will be an invaluable resource to the many working to do so.

—Bernice Weissbourd

Founder and President, Family Focus and the Family Resource Coalition

People know what their communities need. They feel its heartbeat in the early morning traffic, the cheering parents at the little league game, the salsa band at the festival, and the wail of an ambulance siren. This book is about real people, "feeling" their way to find out what works for their community. The answers are there...in the community.

—Rebeca María Barrera

Executive Director, Corporate Fund for Children

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